

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004999

**FILED**  
**Mar 16, 2004**  
**Secretary of State****Entity Name:** COMUNIDADES DE FORMACION CRISTIANA, HOMESTEAD, INC.**Current Principal Place of Business:**28610 SW 152 AV  
HOMESTEAD, FL 33033**New Principal Place of Business:****Current Mailing Address:**7721 SW 19 ST  
MIAMI, FL 33155**New Mailing Address:****FEI Number:** 65-0948029**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DIAZ, GERARDO  
7721 SW 19 ST.  
MIAMI, FL 33155 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DIAZ, GERARDO A  
Address: 7721 SW 19 ST.  
City-St-Zip: MIAMI, FL 33155

Title: SD ( ) Delete  
Name: COLON, NOEMI  
Address: 30520 SW 156 AVENUE  
City-St-Zip: HOMESTEAD, FL 33033

Title: VD ( ) Delete  
Name: DIAZ, NELSON A  
Address: 17190 SW 94 AV. APT. 903  
City-St-Zip: MIAMI, FL 33157

Title: T ( ) Delete  
Name: TORRES, GLORIA  
Address: 17190 SW 94 AVENUE #907  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERARDO A DIAZ

PD

03/16/2004

Electronic Signature of Signing Officer or Director

Date