

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

**FILED  
Jan 26, 2004  
Secretary of State**

DOCUMENT# 740553

Entity Name: THE CHURCH IN MIAMI, INC.

**Current Principal Place of Business:**

20121 OLD CUTLER ROAD  
MIAMI, FL 33189

**New Principal Place of Business:**

**Current Mailing Address:**

20121 OLD CUTLER ROAD  
MIAMI, FL 33189

**New Mailing Address:**

FEI Number: 59-1851093      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MADORE, RON R.  
20304 SOUTH WEST 85TH AVENUE  
MIAMI, FL 33189 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: SD ( ) Delete  
Name: PEREZ, FREDDY  
Address: 8955 CARIBBEAN BLVD  
City-St-Zip: MIAMI, FL 33157

Title: PD ( ) Delete  
Name: MADORE, RON R.,  
Address: 20304 SOUTH WEST 85TH AVENUE  
City-St-Zip: MIAMI, FL

Title: TD ( ) Delete  
Name: ANNESE, RICHARD,  
Address: 20402 SW 85TH AVENUE  
City-St-Zip: MIAMI, FL

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

Title: SD (X) Change ( ) Addition  
Name: PEREZ, FREDDY  
Address: 6300 PALM TRACE LANDING DR, APT. 304  
City-St-Zip: DAVIE, FL 33314

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

Title: TD (X) Change ( ) Addition  
Name: ANNESE, RICHARD,  
Address: 7962 SW 186 ST.  
City-St-Zip: MIAMI, FL 33157

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: RON R. MADORE

PD

01/26/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date