
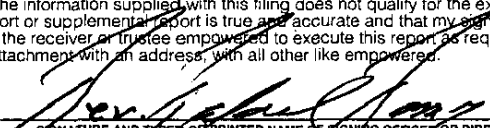


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90753 012 \*\*\*\*70.00

<b>DOCUMENT # 741581</b>					
1. Entity Name PENIEL CHRISTIAN CHURCH, INC.					
Principal Place of Business 5301 GODDARD AVE. ORLANDO, FL 32810-5437 US			Mailing Address P.O. BOX 608427 ORLANDO, FL 32860-8427 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAMOS, RAFAEL 1000 MELLER WAY ORLANDO, FL 32825				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, RAFAEL			NAME	
STREET ADDRESS	1000 MELLER WAY			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JESSICA			NAME	
STREET ADDRESS	4781 LANTERN COURT			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALDONADO, EVELYN			NAME	
STREET ADDRESS	1695 LEE ROAD APT #D101			STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789			CITY-ST-ZIP	
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEGARRA, ENRIQUE L			NAME	Treasurer
STREET ADDRESS	218 ATHERSTONE CT			STREET ADDRESS	9344 Chandon Dr.
CITY-ST-ZIP	LONGWOOD, FL 32701			CITY-ST-ZIP	Orlando FL 32825
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, MARIBEL			NAME	
STREET ADDRESS	147 BEXLEY BOULEVARD			STREET ADDRESS	
CITY-ST-ZIP	OCOE, FL 34761			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				Date: 4-29-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 407-293-5867	