

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90001 045 ****70.00

DOCUMENT # 748774

1. Entity Name

**IGLESIA CRISTIANA "JUAN WESLEY" METODISTA
UNIDA, INC.**



Principal Place of Business

**2150 SW 75 AVENUE
MIAMI FL 33155**

Mailing Address

**2150 SW 75 AVENUE
MIAMI FL 33155**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

4. FEI Number

59-2731349

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, ISMAEL
6825 WEST FLAGLER ST.
MIAMI FL 33144**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 5, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **S** ☐ Delete
NAME **LOOS, ELSIO**
STREET ADDRESS **1950 SW 121 CT #245**
CITY- ST- ZIP **MIAMI FL 33175**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **PD** ☐ Delete
NAME **QUINTERO, JOSE**
STREET ADDRESS **9411 SW 7 LANE**
CITY- ST- ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **TD** ☐ Delete
NAME **HERNANDEZ, ISMAEL**
STREET ADDRESS **6825 W FLAGLER ST**
CITY- ST- ZIP **MIAMI FL 33164**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **SD** ☐ Delete
NAME **ARIAS, LUZ MIREYA**
STREET ADDRESS **1533 SW 129 CT**
CITY- ST- ZIP **MIAMI FL 33184**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **C** ☐ Delete
NAME **VAZQUEZ, JOSE**
STREET ADDRESS **7343 SW 113 CIRCLE PLACE**
CITY- ST- ZIP **MIAMI FL 33173**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Ismael Hernandez 6-24-07 305 264 3006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #