

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 749963

1. Entity Name
**IGLESIA LUTERANA "PRINCIPE DE PAZ", MIAMI,
FLORIDA, INC."**



Principal Place of Business
**6375 W. FLAGLER ST.
MIAMI, FL 33144-3057**

Mailing Address
**6375 W. FLAGLER ST.
MIAMI, FL 33144-3057**

DO NOT WRITE IN THIS SPACE



07142004 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-1988049** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GALLARDO, LENIER L
6375 W. FLAGLER ST.
MIAMI FL, FL 33144**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000166796

07/16/04-80012-004 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENITEZ, JUAN
STREET ADDRESS	8513 SW 163 CT
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	PD
NAME	GALLARDO, LENIER L REV D
STREET ADDRESS	6375 W FLAGLER STREET
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	PALOMINO, RENE ESQ
STREET ADDRESS	11464 S.W. 100TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	T
NAME	MELO, ANGELITA
STREET ADDRESS	1550 WESTWARD DRIVE
CITY-ST-ZIP	MIAMI SPRINGS, FL
TITLE	S
NAME	PINEDA, CONCHITA
STREET ADDRESS	3680 S.W. 68TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	BM
NAME	CASAS, YOLANDA
STREET ADDRESS	82 SW 132ND CT
CITY-ST-ZIP	MIAMI, FL 33184

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/04

305/264-9059