


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

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 768011
1. Entity Name
IGLESIA DE CRISTO EN FLAGLER, INC.



Principal Place of Business 1701 WEST FLAGLER #12 MIAMI, FL 33135	Mailing Address 1212 SW 2 STREET MIAMI, FL 33135
--	--



04072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1656923	Applied For Not Applicable
-----------------------------	-------------------------------

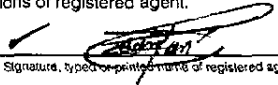
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANTANA, MODESTO DE JES
1120 SW 73 AVENUE
MIAMI, 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:  DATE: **4/9/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000112624
04/14/04-80029-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BETANCUR, DAMIAN 685 WEST 80 ST. HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERA, MANUEL J 7373 SW 6 STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IGLESIAS, JUSTO 1901 NW RIVER DR 210 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUIRRE, AJAX 1517 NW 24 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTANA, MODESTO DE JES 1120 SW 73 AVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(l), 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: **4/9/04** DAYTIME PHONE #: **(305) 541-4421**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR