2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 770856

1. Entity Name
RENACER EVANGELIST MINISTERIES INC.

Principal Place of Business	Mailing Address
4450 NW 135 STREET OPA LOCKA, FL 33054 US	P.O. BOX 540993 OPA LOCKA, FL 33054 US

03152004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2459214
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VELEZ, ELOISA
6707 BROOKLINE DR.
MIAMI, FL 33015

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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: Eloisa Velez 3.15.04
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 May 1, 2004

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

U00000092885
03/19/04-80026-024 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSARIO, BOBBY
STREET ADDRESS	19815 NW 34 AVE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VP
NAME	VELEE, ELOISA
STREET ADDRESS	6707 BROOKLINE DR
CITY-ST-ZIP	MIAMI LAKES, FL 33015
TITLE	PDC
NAME	MERCADO, ANGEL L
STREET ADDRESS	2663 W MEDILL ST
CITY-ST-ZIP	CHICAGO, IL 60647
TITLE	TD
NAME	RIVERO, EDUARDO
STREET ADDRESS	1121 ORIOLE AVE
CITY-ST-ZIP	MIAMI SPRINGS, FL
TITLE	SMD
NAME	ROSARIO, ANA
STREET ADDRESS	19815 NEW 34TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	C
NAME	CRUZ, BOBBY REV
STREET ADDRESS	9735 NW 51 TERR
CITY-ST-ZIP	MIAMI, FL 33178

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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: Bobby Rosario President 3/16/04 (305) 687-8631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #