2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000005747

1. Entity Name
CONCILIO DE IGLESIA DE CRISTO MISIONERA, M.I., INC.

Principal Place of Business	Mailing Address
PO BOX 1809 RIO GRANDE RIO GRANDE, PR 00745 US	PO BOX 1809 RIO GRANDE RIO GRANDE, PR 00745 US

01112004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
66-0614329
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARABALLO, WILFREDO
207 ALABAMA AVENUE
ST. CLOUD, FL 34769

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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 _____ DATE
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

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01/29/04-80030-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POMALES, ALFREDO R
STREET ADDRESS	BOX 118
CITY-ST-ZIP	SAINT JUST, PR 00926
TITLE	VD
NAME	PERALES, BENEJAMIN
STREET ADDRESS	PO BOX 1793
CITY-ST-ZIP	CANOVANAS, PR 00729
TITLE	TD
NAME	RODRIGUEZ, LUCIANO RV
STREET ADDRESS	RR7 BOX 7568
CITY-ST-ZIP	SAN JUAN, PR 009269117
TITLE	SD
NAME	RUBEN, DIAZ
STREET ADDRESS	RR7 BOX 7563
CITY-ST-ZIP	SANJUAN, PR 00926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/04-80030-003 8.75

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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: Rev. Alfredo Pomales 01-15-04 787-748-5861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #