

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000005747

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



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

Mailing Address
**PO BOX 1809
RIO GRANDE
RIO GRANDE, PR 00745 US**



01212005 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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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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

02/03/05-80082-003 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	

02/03/05-80082-004 8.75

**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 *Alfredo Pomales* **Alfredo Pomales** **Jan 26, 05** **(787)748-5861**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #