


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000001739					
1. Entity Name IGLESIA CRISTIANA RENUENO DE JUSTICIA, INC.					
Principal Place of Business 4506 DEL PRADO BLVD. SOUTH CAPE CORAL FL 33904			Mailing Address P.O. BOX 150457 CAPE CORAL FL 33915		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0983018	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIAZ, SANDRA E 3711 PELICAN BLVD. CAPE CORAL FL 33914			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, SANDRA E		NAME		
STREET ADDRESS	3711 PELICAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33914		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEGA, ABIGAIL		NAME		
STREET ADDRESS	1215 N.E. 8 STREET		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33909		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ALWIN R		NAME		
STREET ADDRESS	2203 NE 1ST TERRACE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33909		CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, LILLIAN M		NAME		
STREET ADDRESS	2203 NE 1ST TERRACE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33909		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E037 (11/03)

4. FEI Number **65-0983018** Applied For Not Applicable

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

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: *Alwin R. Gonzalez* - ALWIN R. GONZALEZ ^{TREASURER} 2/25/04 2385743068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #