


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003467 1. Entity Name ASSOCIATION EVANGELISTICA LUIS ROSA INC.	
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Principal Place of Business 646 DEAUVILLE COURT KISSIMMEE, FL 34758	Mailing Address P.O. BOX 423131 KISSIMMEE, FL 34742
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FILED  
04 NOV -5 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-4709961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROSA, LUIS  
646 DEAUVILLE CT.  
KISSIMMEE, FL 34758

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	500042802155 11/17/04-01005-001-87.50
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSA, LUIS 646 DEAUVILLE CT. KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTIAGO, DAISY 1100 CARRIE LN. KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANTIAGO, JESUS 1100 CARRIE LN. KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Luis Rosa 11-1-2004 407-935-0214  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #