2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N00000004349

IGLESIA CRISTIANA EN WEST KENDALL, INC.

FILED Apr 30, 2004 08:00 AM Secretary of State

Principal Place of Business

13500 SW 88TH STREET SUITE 285-C MIAMI, FL 33186

Mailing Address

13500 SW 88TH STREET SUITE 285-C MIAMI, FL 33186



DO NOT WRITE IN THIS SPACE

01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1041328

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLIFFEN, JOHN D 10904 SW 146TH AVE. MIAMI, FL 33186

DO NOT WRITE 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 life if applicable (NOTE Registered Agent signature required when reinstating) DATE						
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BLIFFEN, JOHN D 10904 SW 146TH AVE MIAMI, FL 33186				64.48.1253) 34.7534 7.7535 475 81.75	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	DP ROLAND, PAUL 5228 SW 152 CT. MIAMI, FL 33185			DO NOT WRITE		
TITLE NAME STREET ADDRESS CILY+ST-ZIP	DP GRIFFIN, LARRY A 5372 LEANING OAK DR MEMPHIS, TN 38141					
TITLE NAME STREET ADDRESS CITY-SI-ZIP		_	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
THILE NAME STREET ADDRESS CITY ST-ZIP						
12. Thereby 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						

ordicated 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytmig Phone #