

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90127 047 ****70.00

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1. Entity Name
MINISTERIOS APOSTOLAR CENTRO CRISTIANO, INC.



Principal Place of Business
**601 S. ROYAL POINCIANA BLVD.
APT 25 A
MIAMI SPRINGS, FL 33166**

Mailing Address
**601 S. ROYAL POINCIANA BLVD.
APT 25 A
MIAMI SPRINGS, FL 33166**

30029804



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
22-3743649

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESPINOZA, JOSE R
601 S. ROYAL POINCIANA BLVD.
#25A
MIAMI SPRINGS, FL 33166**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03-16-05

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MARCENCO, AUGUSTO C
STREET ADDRESS 601 S. ROYAL POINCIANA BLVD. APT. 25 A
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE PD- ☒ Change ☐ Addition
NAME AUGUSTO C. MARENCO
STREET ADDRESS SAME ADDRESS (CORRECTING NAME)
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME ESPINOZA, JOSE R
STREET ADDRESS 601 S. ROYAL POINCIANA BLVD. APT. 25 A
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME CARDENAS, IGNACIO C
STREET ADDRESS 936 NW 2ND STREET APT. 2 ---
CITY-ST-ZIP MIAMI, FL 33128

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-05 305-633-0114

Date

Daytime Phone #