


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90187 040 ****70.00

DOCUMENT # N00000004930 1. Entity Name IGLESIA MISSIONERA, INC.					
Principal Place of Business 274 CENTER ST (US-17) PIERSON, FL 32180			Mailing Address P.O. BOX 944 PIERSON, FL 32180		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 274 Center St (us-17) Suite, Apt. #, etc.			
City & State		City & State Pierson, FL		4. FEI Number 59-3110902	
Zip 32180		Country Volusia		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOK, ALBERT R 5250 S. US 17-92 CASSELBERRY, FL 32707				7. Name and Address of New Registered Agent Name: Rafael Ortiz Street Address (P.O. Box Number is Not Acceptable) 169 Purdom Cementary Rd. City: Pierson FL Zip Code: 32180	
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: <u>Rafael Ortiz</u> DATE: <u>02-24-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	<u>D PD</u> <input type="checkbox"/> Delete ORTIZ, RAFAEL PO BOX 944 PIERSON, FL 32180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ortiz, Eloisa P.O. Box 944 Pierson, FL 32180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <input type="checkbox"/> Delete ORTIZ, RAFAEL Rodolfo PO BOX 944 PIERSON, FL 32180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <input type="checkbox"/> Delete OTERO, BARNARDINO Bernardino PO BOX 612 CRESCENT, FL 33242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <input type="checkbox"/> Delete ABRAGO, FEDERICA Abrego, Federico PO BOX 944 PIERSON, FL 32180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Rafael Ortiz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>02-24-05</u> <u>386-749-2049</u> <small>Date Daytime Phone #</small>		