

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005570

FILED
Jul 14, 2004
Secretary of State**Entity Name:** IGLESIA JESUCRISTO FUENTE DE AMOR DE LA FLORIDA CENTRAL, INC.**Current Principal Place of Business:**1350 JOHN YOUNG PARKWAY SOUTH
SUITE B
KISSIMMEE, FL 34741**New Principal Place of Business:**1350 JOHN YOUNG PARKWAY SOUTH
SUITE B
KISSIMMEE, FL 34741 US**Current Mailing Address:**1350 JOHN YOUNG PARKWAY SOUTH
SUITE B
KISSIMMEE, FL 34741 US**New Mailing Address:**2017 PITCH WAY
KISSIMMEE, FL 34746 US**FEI Number:** 59-3710043**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SALADIN, NANCY Z PASTOR
2017 PITCH WAY
KISSIMMEE, FL 34746 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PSOD () Delete
Name: SALADIN, NANCY Z PASTOR
Address: 2017 PITCH WAY
City-St-Zip: KISSIMMEE, FL 34746 US**Title:** OD () Delete
Name: FLETE, FRANCISCO
Address: 1336 SIERRA CIRCLE
City-St-Zip: KISSIMMEE, FL 34741**Title:** OD () Delete
Name: TORRES, SANDRA
Address: 838 BLANC COURT
City-St-Zip: POINCIANA, FL 34759**Title:** OD () Delete
Name: CLAUDIO, SONIA
Address: 1017 DAMPIERRE CT
City-St-Zip: KISSIMMEE, FL 34759**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** OD (X) Change () Addition
Name: TORRES, SANDRA
Address: 3002 COQUINA COURT APT. 202
City-St-Zip: KISSIMMEE, FL 34746**Title:** OD (X) Change () Addition
Name: SALADIN, MIGUEL A
Address: 2017 PITCH WAY
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY SALADIN

PSOD

07/14/2004

Electronic Signature of Signing Officer or Director

Date