2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # NO0000006066



| 1. Entity Name IGLESIA CRISTIANA DE PEMBROKE CASA DE MISERICORDIA, INC. | | | | | | | | 09-01-2004 | 1 90003 0 | 29 ****6 | 51.25 | |
|--|--|--|---|--|--|------------------|--|---------------------------|---|---|------------------------------|--|
| 11816 NW 13 ST. | | | Mailing Address 11816 NW 13 ST. PEMBROKE PINES, FL 33026-4345 | | | | | | 54 | U711 | 75 | |
| 2. Principal Place of Business 3. N | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 06252004 | Chg-NP | CR2E03 | 7 (10/03) | | | |
| City & State | | City & State | | | 4. FEI Number Applied For 65-1054451 Applied For Not Applied | | | plied For t Applicable | | | | |
| Zip | Zip Country | | Zip Cor | | untry | _ | 5. Certificate of Status Desired See Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | | | | |
| CHINTANA POPERTO | | | | | Name | | | | | | | |
| QUINTANA, ROBERTO 11816 NW 13 ST. PEMBROKE PINES, FL 33026 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
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| | | | | | City | City FL Zip Code | | | | | | |
| | named entity tions of regist | y submits this statement for tered agent. | the purpose of changing its | s register | ed office or re | egistere | ed agent, or both, i | n the State of Flo | orida. I am fa | smiliar with, | and accept | |
| | | | | | | | | | | | | |
| CICNIATURE | | | | | | | | | | | | |
| SIGNATURE . | | or printed name of registered agent an | nd title if applicable. (NO | TE: Registere | d Agent signature i | required | when reinstating) | | DATE | | | |
| | Signature, typed | or printed name of registered agent and see is \$61.25 ptember 8, 2004 | 9. Election Ca Trust Fund | mpaign F | Financing | | \$5.00 May Be Added to Fees | 4 | DATE lake check rida Depart | | | |
| | Signature, typed | e is \$61.25 | 9. Election Ca Trust Fund | mpaign F | Financing |] | \$5.00 May Be Added to Fees | Flor | lake check rida Depart | ment of St | ate | |
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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.



FILED

Sep 01, 2004 8:00 am Secretary of State