

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006066

FILED
Jul 01, 2005
Secretary of State

Entity Name: IGLESIA CRISTIANA DE PEMBROKE CASA DE MISERICORDIA, INC.

Current Principal Place of Business:

11816 NW 13 ST.
PEMBROKE PINES, FL 330264345

New Principal Place of Business:

Current Mailing Address:

11816 NW 13 ST.
PEMBROKE PINES, FL 330264345

New Mailing Address:

FEI Number: 65-1054451 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

QUINTANA, ROBERTO
11816 NW 13 ST.
PEMBROKE PINES, FL 33026 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: DP () Delete
Name: QUINTANA, ROBERTO
Address: 11816 NW 13 ST.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: V () Delete
Name: BENITEZ, NELSON E
Address: 6021 NW 194TH STREET
City-St-Zip: PEMBROKE PINES, FL 33015

Title: T () Delete
Name: QUINTANA, BETTINA J
Address: 11816 N.W. 13 STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S () Delete
Name: GOMEZ, FERNANDO
Address: 14232 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 330264345

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERTO QUINTANA

DP

07/01/2005

Electronic Signature of Signing Officer or Director

Date