## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007246

Entity Name: TABERNACULO DE ORACION CRISTIANO, INC.

FILED Sep 01, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4525 EAST 9TH COURT HIALEAH, FL 33013 **Current Mailing Address: New Mailing Address:** 4525 EAST 9TH COURT HIALEAH, FL 33013 FEI Number: 65-1055268 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PINEDA, LUIS A PASTOR 4525 EAST 9TH COURT HIALEAH, FL 33013 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PINEDA, LUIS A Name: Name: 4525 EAST 9TH COURT Address: Address: City-St-Zip: HIALEAH, FL 33013 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: PINEDA, MARIA D Name: Address: 4525 EAST 9TH COURT Address: City-St-Zip: HIALEAH, FL 33013 Q City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition DIGIROLANO, ANTOINETTE M Name: RUIZ, AURORA M Name: 4525 EAST 9TH CT. 4515 EASE 9 COURT Address: Address: City-St-Zip: HIALEAH, FL 33013 City-St-Zip: HIALEAH, FL 33013 ( ) Delete Title: Title: () Change () Addition Name: RUIZ, MAYRA Name: 90 EAST 10 AVE Address: Address: City-St-Zip: HIALEAH, FL 33010 City-St-Zip: Title: Title: () Delete () Change () Addition DOMINGUEZ, JUAN A Name: Name: 4515 EAST 9 CT Address: Address: City-St-Zip: HIALEAH, FL 33013 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: LUIS PINEDA PD 09/01/2004