


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000007842
 1. Entity Name
 IGLESIA BEULA ISAIAS 62:4, CORP.



Principal Place of Business 153 SILVER STAR ROAD OCFEE, FL 34761	Mailing Address PO BOX 783836 WINTER GARDEN, FL 34787
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04142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3715084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CRUZ, SARAI
 772 CITRUS COVE DR
 WINTER GARDEN, FL 34787

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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 Carlos M. Cruz Pastor DATE 4-14-04
Signature, typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CRUZ, PASTOR, CARLOS 772 CITRUS COVE DR WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAEZ-CAMACHO, ANGEL 517 W COLONIAL DR ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALVAVDO, JOSE 15178 W COLONIA DR KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRUZ, ALBERTO 331 WINDFORD CT WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/20/04-80035-013 61.25

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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.

SIGNATURE: Carlos M. Cruz DATE 4-14-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #