

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90127 002 ****62.00

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1. Entity Name
IGLESIA DE RESTAURACION CRISTIANA DE FLORIDA,
INC.



Principal Place of Business

921 E. 47TH ST.
HIALEAH, FL 33013

Mailing Address

921 E. 47TH ST.
HIALEAH, FL 33013

J4004010



04292004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
65-1070973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORA, HARRY N
1537 JEFFERSON AVE. APT. #12
APT. 45
MIAMI BEACH, FL 33139

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD
NAME MORA, HARRY N
STREET ADDRESS 1537 JEFFERSON AVE. - APT.#12
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VD
NAME MONTALVAN, DELFINA
STREET ADDRESS 2460 W. 56 ST.
CITY-ST-ZIP HIALEAH, FL 33016

TITLE TD
NAME TALABERA, LESBIA
STREET ADDRESS 8816 NW 118 STREET
CITY-ST-ZIP HIALEAH, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

(305) 725-5168

Daytime Phone #