

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001938

FILED
Apr 29, 2005
Secretary of State

Entity Name: IGLESIA CRISTIANA ENSENANZAS DE JESUS INC.

Current Principal Place of Business:

189 TOLUCA DR.
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

PO BOX 451114
KISSIMMEE, FL 34745

New Mailing Address:

FEI Number: 59-3706626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHEUS, JOSE
823 WOODFIELD CT.
KISSIMMEE, FL 34744 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: PD () Delete
Name: MATHEUS, JOSE
Address: 823 WOODFIELD CT
City-St-Zip: KISSIMMEE, FL 34744

Title: SD () Delete
Name: VILLALOBOS, ESMERALDA
Address: 341 W COLUMBIA AVE
City-St-Zip: KISSIMMEE, FL 34741

Title: TD () Delete
Name: LEON, MASSIEL
Address: 1902 H WELCH CT
City-St-Zip: KISSIMMEE, FL 34741

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:

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 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: JOSE MATHEUS

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date