

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-04-2004 90014 003 ****61.25

DOCUMENT # N01000002868

1: Entity Name

**LA GLORIA DE CRISTO IGLESIA CRISTIANA SIN
DENOMINACION, INC.**



Principal Place of Business

**10855 SW 26TH ST
MIAMI FL 33156**

Mailing Address

**P.O. BOX 654830
MIAMI FL 33256**

2: Principal Place of Business

3: Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4: FEI Number

65-1047266

Applied For

Not Applicable

5: Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6: Name and Address of Current Registered Agent

7: Name and Address of New Registered Agent

**GABAY, RAFAEL
14863 SW 40TH TERR
MIAMI FL 33185**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9: Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10: OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GABAY, RAFAEL
14863 SW 40TH TERR
MIAMI FL 33185** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GABAY, IRENE
14863 SW 40TH TERR
MIAMI FL 33185** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HERRERA, JUAN C
4145 SW 107TH CT
MIAMI FL 33165** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GONZALEZ, ORNIDA INES
7000 SW 23 STREET APT 47
MIAMI, FL. 33155-1653** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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

RAFAEL GABAY

Date

Daytime Phone #

2/29/04 (305) 552-8940