

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90050 025 ****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 12851 SW 42 STREET Suite, Apt. #, etc. #105		3. Mailing Address Suite, Apt. #, etc.		50019026 	
City & State Miami, FL		City & State		4. FEI Number 65-1047266	
Zip 33175		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GABAY, RAFAEL 14863 SW 40TH TERR MIAMI, FL 33185			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4331 SW 155 COURT City Miami FL Zip Code 33185		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME GABAY, RAFAEL	<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 14863 SW 40TH TERR	CITY-ST-ZIP MIAMI, FL 33185		STREET ADDRESS 4331 SW 155 COURT	CITY-ST-ZIP MIAMI, FL 33185	
TITLE D	NAME GABAY, IRENE	<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 14863 SW 40TH TERR	CITY-ST-ZIP MIAMI, FL 33185		STREET ADDRESS 4331 SW 155 COURT	CITY-ST-ZIP MIAMI, FL 33185	
TITLE D	NAME GONZALEZ, ONILDA INES	<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7000 SW 23 STREET APT 47	CITY-ST-ZIP MIAMI, FL 33155		STREET ADDRESS 13431 SW 17 TERRACE	CITY-ST-ZIP MIAMI, FL 33175	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2/21/05 (305) 418-1470 <small>Daytime Phone #</small>		