


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90016 001 *2,361.35
02-13-2007 90016 002 *****61.25

DOCUMENT # N01000002868 1. Entity Name LA GLORIA DE CRISTO IGLESIA CRISTIANA SIN DENOMINACION, INC.					
Principal Place of Business 12851 SW 42 STREET # 105 MIAMI FL 33175			Mailing Address 12851 S W 42 STREET #105 MIAMI FL 33175		
2. Principal Place of Business - No P.O. Box # 12851 S.W. 42 Street		3. Mailing Address Suite, Apt. #, etc. # 105			
City & State Miami, FL		City & State 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 4331 SW 155 COURT MIAMI FL 33185				7. Name and Address of New Registered Agent Name GABAY RAFAEL Street Address (P.O. Box Number is Not Acceptable) 3401 SW 112 Avenue APT 5 City Miami FL Zip Code 33165	
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 <u><i>Rafael Gabay</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/5/07</u>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 NAME STREET ADDRESS CITY-STATE-ZIP	D GABAY, RAFAEL 4331 SW 155 COURT MIAMI FL 33185	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GABAY, IRENE 4331 SW 155 COURT MIAMI FL 33185	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GONZALEZ, ONILDA INES 13431 SW 17 TERRACE MIAMI FL 33175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D 	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u><i>RAFAEL GABAY</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



1st MOORE CR2E037 (10/06)