2003 NOT-FOR-PROFIT CORPOR UNIFORM BUSINESS REPORT (
DOCUMENT # N0100002868	
LA GLORIA DE CRISTO IGLESIA CRISTIANA SIN DENOMI	

STREET

FLORIDA

Country

USA

Ja hain

6. Name and Address of Current Registered Agent

Mailing Address

P.O. BOX 160754

MIAMI FL 33116

3. Mailing Address

City & State

MIAMI

33265

P.O.Box

Suite, Apt. #, etc.

NACION, INC.

MIAMI FL 33155

Principal Place of Business

2. Principal Place of Business

10855 SW 2674

8603 S.W. 40TH STREET

Suite, Apt. #, etc.

City & State

33165

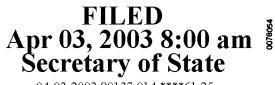
UNIT 4 **MIAMI FL 33186**

GABAY, RAFAEL 13299 S.W. 112TH ST

the obligations of registered agent.

MiAMI

Zip



]		04-03-2003 90	•				
6	54830	CHECK HERE IF	. . 				
<u> </u>		4. FEI Number 65-1047266				Applied For	_
FLORIBA						Not Applica	bi
	Country USA.	5. Certificate of Status Desired		\$8.7 Fee F		Additional iired	
		7. Name and Address of New Rec	isterec	Agent			_
	\- Name (ABAY, RAFAEL			-		
		ss (P.O. Box Number is Not Acceptable)	· ·				_
	Į.						

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
1	FILE NOW: FEE IS \$61.25	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		11.	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10			
TITLE NAME STREET ADDRESS	D Gabay, Rafael 13299 S.W. 112TH STREET UNIT 4	☐ Delete	TITLE NAME STREET ADDRESS	BABAY, RA 14863-5W	FAEL	Change	Addition			
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP	miami - Ph	4 33185	_				
TITLE NAME STREET ADDRESS	D GABAY, IRENE 13299 S.W. 112TH STREET UNIT 4	☐ Delete	TITLE NAME STREET ADDRESS	OGABAY, IK 14863-8W MiAmi-F	ZENE 40TR	Change	Addition			
CITY-ST-ZIP	MIAMI FL 33186	·	CITY-ST-ZIP	miami - F	LA 3318	5 /	ĺ			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, JUAN C 4670 S.W. 101 AVENUE MIAMI FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HERRERA, = 4145 - 8 W MiAmi - F	1074		Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP			☐ Change	☐ Addition			

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 Fiorida. I am familiar with, and accept

12. Thereby 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 dustee 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: