2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000003795

1. Entity Name
IGLESIA EVANGELICA EL TABOR DE INTERCESSION CITY, INC.

Principal Place of Business	Mailing Address
5621 ORANGE AVENUE INTERSECCION CITY, FL 33848 US	P.O. BOX 502 INTERSECCION CITY, FL 33848 US

DO NOT WRITE IN THIS SPACE

07202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3732282
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, JUAN
2203 GATWICH CT.
KISSIMMEE, FL 34743

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIVERA, SARA I
STREET ADDRESS	P.O. BOX 502
CITY-ST-ZIP	INTERSECCION CITY, FL 33848
TITLE	SD
NAME	GUADALUPE, SAUL
STREET ADDRESS	P.O. BOX 502
CITY-ST-ZIP	INTERSECCION CITY, FL 33848
TITLE	TD
NAME	TORRES, JUAN
STREET ADDRESS	P.O. BOX 502
CITY-ST-ZIP	INTERSECCION CITY, FL 33848
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/26/04-80013-020 61.25

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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: _____ 7-23-04 (407)3488552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #