


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90011 048 ****70.00

DOCUMENT # N01000005783					
1. Entity Name IGLESIA DE CRISTO MINISTERIOS ELIM "MI-EL" ORLANDO, FLORIDA, INC.					
Principal Place of Business 1331 NORTH PINE HILLS RD ORLANDO, FL 32808			Mailing Address 1331 NORTH PINE HILLS RD ORLANDO, FL 32808		
2. Principal Place of Business 6812 Silverstar rd		3. Mailing Address 6812 Silverstar rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando, Florida		City & State Orlando, Florida		4. FEI Number 59-3760014	
Zip 32818		Country orange		Applied For Not Applicable	
Zip 32818		Country orange		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODRIGUEZ, FIDEL 5442 GAYMAR DR ORLANDO, FL 32818			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					



08262004 Chg-NP CR2E037 (10/03)

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

Filing Fee is \$61.25 Due by September 8, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD RODRIGUEZ, FIDEL	TITLE	Change Ad
NAME	5442 GAYMAR DR	NAME	
STREET ADDRESS	ORLANDO, FL 32818	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete <input type="checkbox"/>			
TITLE	SD	TITLE	Change Ad
NAME	ENAMORADA, SANTIAGO	NAME	
STREET ADDRESS	4816 DEVORE CT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32818	CITY-ST-ZIP	
Delete <input type="checkbox"/>			
TITLE	TD	TITLE	Change Ad
NAME	PALACIOS, JORGE A	NAME	
STREET ADDRESS	7249 WOOD RIDGE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32818	CITY-ST-ZIP	
Delete <input type="checkbox"/>			
TITLE		TITLE	Change Ad
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete <input type="checkbox"/>			
TITLE		TITLE	Change Ad
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete <input type="checkbox"/>			
TITLE		TITLE	Change Ad
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete <input type="checkbox"/>			

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  8-26-04 407-539-2347