

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90087 043 \*\*\*\*61.25

**DOCUMENT # N01000006042**

1. Entity Name

IGLESIA EVANGELICA LUTERANA CRISTO REY INC.



Principal Place of Business

2509 DOWMAN DRIVE  
APOPKA FL 32712

Mailing Address

P.O. BOX 1045  
PLYMOUTH FL 32768

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3602424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALCON, GILBERTO  
2509 DOWMAN DRIVE  
APOPKA FL 32712

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☒ Delete  
NAME RIVERA, ARACELI D  
STREET ADDRESS 2666 BORINQUEN DRIVE  
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE DP ☒ Change ☐ Addition  
NAME SOTO, MARIA  
STREET ADDRESS 8343 GOLDEN CHICASAW CIRCLE  
CITY-ST-ZIP ORLANDO FL 32825

TITLE DV ☒ Delete  
NAME ROSA-PFISTER, LEONOR  
STREET ADDRESS 14319 BENDING BRANCH CT.  
CITY-ST-ZIP ORLANDO FL 32824

TITLE DV ☒ Change ☐ Addition  
NAME RIVERA, LINDA  
STREET ADDRESS 4849 CYPRESS WOODS DR (1206)  
CITY-ST-ZIP ORLANDO FL 32811

TITLE DS ☐ Delete  
NAME RIVERA, LINDA  
STREET ADDRESS 6477 CONROY ROAD, APT. 514  
CITY-ST-ZIP ORLANDO FL 32835

TITLE DS ☒ Change ☐ Addition  
NAME TORRES-GILARDI AIDA  
STREET ADDRESS 3666 NORTH CITRUS CIRCLE  
CITY-ST-ZIP ORLANDO FL 32798

TITLE DT ☐ Delete  
NAME GONZALEZ, ADOLFO  
STREET ADDRESS 2421 PENTON COURT  
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DM ☐ Delete  
NAME FALCON, GILBERTO REV.  
STREET ADDRESS P.O. BOX 1045/2509 DOWMAN DR  
CITY-ST-ZIP PLYMOUTH FL 32768

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Gilberto Falcon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GILBERTO FALCON

Date

407-889-5039

Daytime Phone #