


**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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25 Due By May 1, 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	VPD	<input checked="" type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIVERA, ARACELI D			NAME	SOTO, MARIA		
STREET ADDRESS	2666 BORINQUEN DRIVE			STREET ADDRESS	8343 GOLDEN CHICASAW CIRCLE		
CITY-ST-ZIP	KISSIMMEE FL 34743			CITY-ST-ZIP	ORLANDO FL 32825		
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSA-PFISTER, LEONOR			NAME	RIVERA, LINDA		
STREET ADDRESS	14319 BENDING BRANCH CT.			STREET ADDRESS	4849 CYPRESS WOODS DR (1206)		
CITY-ST-ZIP	ORLANDO FL 32824			CITY-ST-ZIP	ORLANDO FL 32811		
TITLE	DS	<input type="checkbox"/> Delete		TITLE	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIVERA, LINDA			NAME	TORRES-GILARDI AIDA		
STREET ADDRESS	6477 CONROY ROAD, APT. 514			STREET ADDRESS	3666 NORTH CITRUS CIRCLE		
CITY-ST-ZIP	ORLANDO FL 32835			CITY-ST-ZIP	ORLANDO FL 32798		
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GONZALEZ, ADOLFO			NAME			
STREET ADDRESS	2421 PENTON COURT			STREET ADDRESS			
CITY-ST-ZIP	DELTONA FL 32725			CITY-ST-ZIP			
TITLE	DM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FALCON, GILBERTO REV.			NAME			
STREET ADDRESS	P.O. BOX 1045/2509 DOWMAN DR			STREET ADDRESS			
CITY-ST-ZIP	PLYMOUTH FL 32768			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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* **GILBERTO FALCON** **407-889-5039**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #