


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

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90245 035 ****61.25

DOCUMENT # N01000006259	
1. Entity Name HOUSE OF BLESSING CHRISTIAN CHURCH, INC.	

Principal Place of Business 14634 SW 115TH STREET MIAMI FL 33186	Mailing Address 14634 SW 115TH STREET MIAMI FL 33186
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-1138677 AP-PLIED FOR	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 AVILA, GUILLERMO 14634 SW 115TH STREET MIAMI FL 33186

7. Name and Address of New Registered Agent
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 _____

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
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	AVILA, GUILLERMO
STREET ADDRESS	14634 SW 115TH STREET
CITY-ST-ZIP	MIAMI FL 33186
TITLE	NAME
VPSD	AVILA, OLGA M
STREET ADDRESS	14634 SW 115TH STREET
CITY-ST-ZIP	MIAMI FL 33186
TITLE	NAME
STD	PARADA, BERNARDO
STREET ADDRESS	13333 S.W. 64TH LANE
CITY-ST-ZIP	MIAMI FL 33183
TITLE	NAME
TITLE	NAME
TITLE	NAME

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
TITLE	NAME
TITLE	NAME
STD	PALOMINO, MARCO
STREET ADDRESS	15545 S.W. 112 Way
CITY-ST-ZIP	Miami, Fl. 33196
TITLE	NAME
TITLE	NAME
TITLE	NAME

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 another title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-04

Date

305-804-3740

Daytime Phone #