

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

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90014 023 ****61.25

DOCUMENT # N01000006354

1. Entity Name

IGLESIA TROMPETA DEL CIELO, INC.



Principal Place of Business

532 SHERBURN CT.
ORLANDO FL 32828

Mailing Address

532 SHERBURN CT.
ORLANDO FL 32828

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVA, SANDY
532 SHERBURN CT.
ORLANDO FL 32828

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 September 8, 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 PD
NAME SILVA, SANDY
STREET ADDRESS 532 SHERBURN COURT
CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete

TITLE TD
NAME SILVA, SANDY E.
STREET ADDRESS 532 SHERBURN CT
CITY-ST-ZIP ORLANDO, FL 32828 ☐ Change ☒ Addition

TITLE SD
NAME SILVA, JEANETTE
STREET ADDRESS 532 SHERBURN COURT
CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete

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

TITLE TD
NAME ORENGO, MADELYN
STREET ADDRESS 8222 WOODSWORTH DR.
CITY-ST-ZIP ORLANDO FL 32817 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *SANDY SILVA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-3-04
Date

(407) 207-1787
Daytime Phone #

44051775



MOORE

CR2E037 (4/04)

4. FEI Number
59-3717512

Applied For
Not Applicable

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