## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000006975

FILED Mar 25, 2004 Secretary of State

Entity Name: IGLESIA CRISTIANA EL APOSENTO ALTO, INC.

	Principal Place of Business:	New Principal Place of Business:
744 N DE ORLANDO	AN RD O, FL 32825	
Current N	failing Address:	New Mailing Address:
	GERINE AVE PARK, FL 32792	
FEI Number	r: 30-0041538 FEI Number Applied Fo	r ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of Current Registered Ag	gent: Name and Address of New Registered Agent:
	TOR M IGERINE AVE PARK, FL 32792	
	e named entity submits this statement e of Florida.	for the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registe	ered Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Fitle: Name: Nddress: City-St-Zip:	PD ( ) Delete DIAZ, VICTOR M 5142 TANGERINE AVE WINTER PARK, FL 32792	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Γitle:	T () Delete MERCADO, ELIZABETH 4339 SANDHURST DR	Title: ( ) Change ( ) Addition Name:
√ame: √ddress:	ORLANDO, FL 32817	Address: City-St-Zip:
Name: Address: City-St-Zip: Title: Name: Address:	ORLANDO, FL 32817  ST ( ) Delete MERCADO, JAIME 10239 COMFORT CR ORLANDO, FL 32825	
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Name: Address: Dity-St-Zip:	ST () Delete MERCADO, JAIME 10239 COMFORT CR ORLANDO, FL 32825  D () Delete ROSAS, DAVE 9332 CHANDON DR	City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	ST () Delete MERCADO, JAIME 10239 COMFORT CR ORLANDO, FL 32825  D () Delete ROSAS, DAVE 9332 CHANDON DR	City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR M. DIAZ PD 03/25/2004