

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000007769

1. Entity Name
IGLESIA BAUTISTA EL ALFARERO, INC.



Principal Place of Business
5859 SW 16 STREET
MIAMI, FL 33155

Mailing Address
PO BOX 835037
MIAMI, FL 33283-5037

DO NOT WRITE IN THIS SPACE



01142005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-1151343

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUAN, MANUEL C JR, ESQ
1105 SW 87TH AVENUE
MIAMI, FL 33174

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IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CUAN, MANUEL C JR
STREET ADDRESS 1105 SW 87TH AVENUE
CITY-ST-ZIP MIAMI, FL 33174

TITLE D
NAME CHONG, ANTHIA L
STREET ADDRESS 11101 NW 71 STREET
CITY-ST-ZIP MIAMI, FL 33178

TITLE SD
NAME MONTANO, CONCEPCION
STREET ADDRESS 7725 SW 127TH COURT
CITY-ST-ZIP MIAMI, FL 33183

TITLE VD
NAME VIDAURRE, DAMASO
STREET ADDRESS 17400 NW 68 AVENUE #212
CITY-ST-ZIP HIALEAH, FL 33015

TITLE DT
NAME SALGADO, DINORAH
STREET ADDRESS 559 E. 1 STREET
CITY-ST-ZIP HIALEAH, FL 33010

TITLE D
NAME LABREAU, NORMA
STREET ADDRESS 4937 SW 135TH PLACE
CITY-ST-ZIP MIAMI, FL 33175

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03/18/05-80059-024 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL CHONG CUAN JR 3/16/05 (305)264-4872

Date Daytime Phone #