

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 APR 19 PM 2:58

FLORIDA DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

DOCUMENT# N02000000203

1. Entity Name
ADONAI CHRISTIAN CENTER, INC.



Principal Place of Business
12245 SW 151 ST #208
MIAMI, FL 33186

Mailing Address
12245 SW 151 ST #208
MIAMI, FL 33186

6280 NW 186 ST

6280 NW 186 ST

2. Principal Place of Business
APT. 215

3. Mailing Address
APT. 215

Suite, Apt. #, etc.
HIALEAH

Suite, Apt. #, etc.
HIALEAH

City & State
FL

City & State
FL

Zip
33015

Country
USA

Zip
33015

Country
USA

11032004 Chg-NP CR2E037 (10/03)

4. FEI Number
01-0601644

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PONCE, RICARDO
12245 SW 151 ST #208
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALMONTE, MANUEL F
74 SILVWE ST
ELMONT, NY 11003 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PONCE, RICARDO
12245 SW 151 ST #208
MIAMI, FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MUNOZ, LUCIANO
9907 NORTHERN BLVD
QUEENS, NY 11368 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

Signature and Typed or Printed Name of Signing Officer or Director

04/11/05

Date

305.556.7436

Daytime Phone #