

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000812

FILED
Jan 04, 2005
Secretary of State

Entity Name: IGLESIA & MINISTERIOS CRISTIANOS LOGOS, INC.

Current Principal Place of Business:

2140 MICHIGAN AVE
KISSIMMEE, FL 34744

New Principal Place of Business:

3044 MICHIGAN AVE
KISSIMMEE, FL 34744

Current Mailing Address:

P.O.BOX 452915
KISSIMMEE, FL 347452915

New Mailing Address:

FEI Number: 41-2026619 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONSECA, NORBERTO I
3044 MICHIGAN AVE.
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FONSECA, NORBERTO I PASTOR
Address: 1917 TEABURRY CT
City-St-Zip: ORLANDO, FL 32824

Title: DS () Delete
Name: VELAZQUEZ, ADA
Address: 1917 TEABURRY CT
City-St-Zip: ORLANDO, FL 32824

Title: DT () Delete
Name: GONZALEZ, LUIS D
Address: 1655 WINDSOR OAKS COURT
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Delete
Name: FALCON, JOSE
Address: 337 GAIT CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: D (X) Delete
Name: FERNANDEZ, ISABEL
Address: 108 SANBLAS COURT
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: RIVERA, NORBERTO
Address: 2625 VERGO CT.
City-St-Zip: ORLANDO, FL 32837

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NORBERTO FONSECA

DP

01/04/2005

Electronic Signature of Signing Officer or Director

_____ Date