

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90178 002 \*\*\*\*61.25

**DOCUMENT # N02000002253**

1. Entity Name  
IGLESIA EVANGELICA MISION CENTROAMERICANA  
ALFAY Y OMEGA, INC.



Principal Place of Business  
8031 SW 197 TERRACE  
MIAMI, FL 33189

Mailing Address  
8031 SW 197 TERRACE  
MIAMI, FL 33189

50044627



2. Principal Place of Business  
24 N. HOMESTEAD BLVD

3. Mailing Address  
P.O. Box 901369

04262005 Chg-NP CR2E037 (10/03)

City & State  
Homestead, FL

City & State  
Homestead, FL

4. FEI Number  
02-0597771

Applied For  
Not Applicable

Zip  
33030

Country  
U.S.A.

Zip  
33090

Country  
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VELASQUEZ, EUDOQUIO E  
8031 SW 197 TERRACE  
MIAMI, FL 33189

Name

Street Address (P.O. Box Number is Not Acceptable)  
9153 S.W. 206TH STREET

City  
MIAMI

FL

Zip Code  
33189

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

NOTE: Registered Agent signature required when reinstating)

DATE  
04.25.04

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D VELASQUEZ, ANTONIO F 777 NE 11 ST HOMESTEAD, FL 33030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELASQUEZ, EUDOQUIO E 8031 SW 197 TERRACE MIAMI, FL 33189	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELASQUEZ, ESTEBAN 1226 NW 11 ST HOMESTEAD, FL 33030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELASQUEZ, RANUNELFO 29200 S.W. 147 AVE. HOMESTEAD, FL 33030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9153 S.W. 206TH STREET MIAMI, FL 33189	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

04.25.04

DATE

Daytime Phone #