2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

5/7/2

FILED Jun 17, 2004 8:00 am Secretary of State

DOCUMENT # N02000003045 1. Entity Name IGLESIA CRISTIANA EL BUEN PASTOR INC.						Secretary of State 05-07-2004 90115 012 ****61.25				
Principal Place of Business Mailing Address										
1857 GASK PORT ST. LI	IN CIRCLE UCIE FL 349	52	1857 GASKIN CIRCLE	1857 GASKIN CIRCLE PORT ST. LUCIE FL 34952			00%5040			
						1 (41)(0) (A PHILE RANGE COME COME COME	Tille de Hade	
2. Principal P	Place of Busin	ess	3. Mailing Address							
Suite, Apt.	. #, etc. 1		Suite, Apt. #, etc.			MOORE CR2E037 (11/03)				
City & Stat	te		City & State			4. FEI Number	16-7643717		plied For t Applicable	
. Žip	Country		Zip . Cou		ntry	5. Certificate of S	Status Desired	S8.75 Add Fee Required		
6. Name and Address of Current Registered Agent Name						7. Name and Ad	dress of New Regi	stered Agent		
	riz, Jose					P.O. Box Number is	Not Appear			
		I CIRCLE			Sucer Address (T.O. BOX NUMBER IS	(Not Acceptable)			
,	• !	0.2 / 2 0 1002			City	4.	,	FL Zip Cod	 e	
8 The above	named entity	subtails this statement	for the number of changing its	en aintare	od office as register	adt tth :	- 45 - Ct-1 (Et - i-i-	,		
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 6-13-04										
* Signature, typed or printed name of registered ege-pland little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution.							Make	Check Payable Department of S		
10.	IDP	OFFICERS AND (DIRECTORS	11.		ADDITIONS/CHANG	SES TO OFFICERS	AND DIRECTORS IN	10	
TITLE MAINE	ORTIZ, JOS	SE ·	☐ Oelete	TITLE				☐ Change	Addition	
STREET ADDRESS City-St-Zip	DODE OF LUCIE EL CLOS		•		ET ADDRESS ST-ZIP					
TITLE	DV CLAUDIO, VIRGINIA		☐ Delete	TITLE		<u> </u>		☐ Change	Addition	
NAME STREET ADDRESS	S 2433 SW ANGUS AVE.			NAME STREE	ET ADORESS	•				
CITY-ST-ZIP	PORT ST. LUCIE FL 34953			•	ST-ZIP					
TITLE NAME	ORTIZ! MARIA E		Delete	TIFLE	i			☐ Change	Addition	
STREET ADDRESS				🗓 _ 🗀	ET ADDRESS	–	-		}	
CITY-ST-ZIP-	DS DS	UCIE FL 34952	☐ Deleie	-	ST-2P		»,			
NAME	CLAUDIO,		LJ Veiece	NAME			·	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	•	NGUS AVE. JUCIE FL 34953			et adoress . St-zip					
MILE		,	☐ Delete	TITLE				☐ Change	Addition	
NAME Street adoress				NAME	ET ADDRESS					
CITY-S7-21P					ST-ZIP				1	
TITLE NAME		•	☐ Delete	TITLE	1	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
STREET ADDRESS	1				ET ADDRESS ST-ZIP					
12. Thereby o	certify that the	information supplied w	ith this filing does not qualify fo	r the ever	notice stated in Se	ction 119.07(3)(i) F	lorida Statutes 1 for	ther certify that the in	formation	
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 application.										
SIGNATURE: 6-13-04 (772) 398-0646										