

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003045

FILED  
Apr 18, 2005  
Secretary of State

**Entity Name:** IGLESIA CRISTIANA EL BUEN PASTOR INC.

**Current Principal Place of Business:**

1857 GASKIN CIRCLE  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1857 GASKIN CIRCLE  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 16-7643717

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ORTIZ, JOSE  
1857 GASKIN CIRCLE  
PORT ST. LUCIE, FL 34952 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: ORTIZ, JOSE  
Address: 1857 GASKIN CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DV ( ) Delete  
Name: CLAUDIO, VIRGINIA  
Address: 2433 SW ANGUS AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T ( ) Delete  
Name: ORTIZ, MARIA E  
Address: 1857 GASKIN CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DS ( ) Delete  
Name: CLAUDIO, JUAN  
Address: 2433 SW ANGUS AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: JUAN CLAUDIO

DS

04/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date