


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90099 017 ****70.00

DOCUMENT # N02000004940						
1. Entity Name IGLESIA FAMILIA EN CRISTO INC.						
Principal Place of Business 11363 SW 148 STREET MIAMI, FL 33176			Mailing Address 11363 SW 148 STREET MIAMI, FL 33176			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip		Country		Zip		
6. Name and Address of Current Registered Agent REYES, JAIME A 11363 SW 148 STREET MIAMI, FL 33176		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 _____ (NOTE: Registered Agent signature required when reinstating)						
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 D	NAME REYES, JAIME A		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 11363 SW 148 STREET	CITY-ST-ZIP MIAMI, FL 33176		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME GALARZA, JUDY		<input checked="" type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 11363 SW 148 STREET	CITY-ST-ZIP MIAMI, FL 33176		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE S	NAME REYES, BRENDA		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 11363 SW 148 STREET	CITY-ST-ZIP MIAMI, FL 33176		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE VD	NAME GALAREA, ANGEL		<input checked="" type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 11363 SW 148 STREET	CITY-ST-ZIP MIAMI, FL 33176		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME Cristina Alfonso		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 11363 SW 148 St.	CITY-ST-ZIP Miami, FL 33176		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME Monica Cadavid		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 11363 SW 148 Street	CITY-ST-ZIP Miami, FL 33176		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
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: _____				04-13-04 7863061625		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		