

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

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90050 035 ****61.25

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1. Entity Name

IGLESIA DE DIOS PUERTA DE LA MISERICORDIA,
INC.



Principal Place of Business

865 S. WHITNEY ST
ST. AUGUSTINE FL 32804

Mailing Address

PO BOX 4047
SAINT AUGUSTINE FL 32085

54028115



MOORE CR2E037 (11/03)

2. Principal Place of Business

865 S. Whitney St.

Suite, Apt. #, etc.

St. Augustine,

City & State

Florida St. Johns

Zip 32084

Country

3. Mailing Address

P.O. Box 4047

Suite, Apt. #, etc.

St. Augustine

City & State

Florida

Zip 32085

Country

St. Johns

4. FEI Number 59-3767981

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TEJEDA, FERMIN
7 WHETSTONE LN
PALM COAST FL 32164

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

Fermin Tejada

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE P
NAME TEJEDA, FERMIN
STREET ADDRESS 7 WHETSTONE LN
CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete

TITLE ST
NAME ROLDAN, MIRNA
STREET ADDRESS 111 WOODCREST DR #612
CITY-ST-ZIP ST AUGUSTINE FL 32084 ☐ Delete

TITLE T
NAME MATAMOROS, GLORIA
STREET ADDRESS 57 PINE CREST LN
CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete

TITLE DT
NAME OTERO, MANUEL
STREET ADDRESS 535 GENTIAN RD
CITY-ST-ZIP ST AUGUSTINE FL 32086 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Fermin Tejada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-04 (904) 806-2143

Date

Daytime Phone #