2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000007076

1. Entity Name
CENTRO BIBLICO EMANUEL INC.

Principal Place of Business	Mailing Address
SANTIAGO A. ALEMAN GIRON 880 NW 210 ST. MIAMI, FL 33169	SANTIAGO A. ALEMAN GIRON 880 NW 210 ST. #102 MIAMI, FL 33169

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01302004 No Chg-NP CR2E037 (10/03)

4. FEI Number
42-1585279

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALEMAN GIRON, SANTIAGO A
880 NW 210 ST.
102
MIAMI, FL 33169

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

000000121153
04/20/04-80039-002 75.00

10. OFFICERS AND DIRECTORS

TITLE	VPT
NAME	ORTIZ, SERAFINA
STREET ADDRESS	880 NW 210 ST #102
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	ST
NAME	BRAVO, ELSA
STREET ADDRESS	3340 EL GARDIN DR. APT/ 306
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	R
NAME	ORTIZ, MARIA
STREET ADDRESS	3940 SW 59 AVE.
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	PD
NAME	ALEMAN-GIRON, SANTIAGO A
STREET ADDRESS	880 NW 210 ST #102
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/12/04 305 690 7115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #