


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000008216	
1. Entity Name MINISTERIO EVANGELISTICO AGUILA Y N.G., INC.	

Principal Place of Business 15832 S.W. 55TH TERRACE MIAMI, FL 33185	Mailing Address 15832 S.W. 55TH TERRACE MIAMI, FL 33185
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DO NOT WRITE IN THIS SPACE



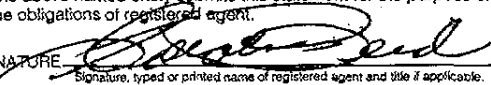
04172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 30-0124274	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REID, CORALIA 15832 SW 55TH TERRACE MIAMI, FL 33185

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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** 4/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

Filing Fee is \$61.25
Due by May 1, 2004

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

U00000122385
04/21/04-80027-006 51.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REID, CORALIA
STREET ADDRESS	15832 SW 55TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	SD
NAME	FIGUEROA, ELIZABETH
STREET ADDRESS	15406 S.W. 172ND ST.
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	TD
NAME	GORDON, VANESSA
STREET ADDRESS	15832 SW 55TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	D
NAME	MURRELL, VERNIA
STREET ADDRESS	6110 W 24 COURT #104
CITY-ST-ZIP	HIALEAH, FL 33016
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:  **DATE** 4/17/04 (305) 539-6712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR