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

SIGNATURE: 2

## Feb 26, 2004 8:00 am Secretary of State DOCUMENT # N02000008719 1. Entity Name 02-26-2004 90070 001 \*\*\*\*61.25 IGLESIA PENTECOSTAL JESUS EL DIOS DE ABRAHAM, 02-26-2004 90070 002 \*\*\*\*\*8.75 INC. Principal Place of Business Mailing Address 454 NW 22ND AVE., #208 MIAMI FL 33133 454 NW 22ND AVE., #208 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address 454 NUN, 22nd out 25.M 44 NIN Suite, Apt. #, etc Suite, Åot, #, etc CR2E037 (11/03) # Applied For City & State City & State 4. FEI Number C1 20-0012681 Not Applicable MIOM Country Zip Country \$8.75 Additional 5. Certificate of Status Desired U5 B Fee Required ハング 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JESUS EL DIOS DE ABRAHAM 454 NW-22 AVE #208 **MIAMI FL 33183** City 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 agen SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25) \$5.00 May Be Make Check Payable to 9. Election Campaign Financing Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Addition Delete TITLE TITLE FELLOW, HUGO A NAME NAME 3544 NW 12 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33125 CITY-ST-ZIP CITY-ST-ZIP -Ottange ☐ Addition ☐ Delete TITLE TITLE pellon, maria FELLOW, MARIA B NUVE NAME **3544 NW 12 STREET** STREET ADDRESS STREET ADDRESS MIAMI FL 33125 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TISANE NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Сhange Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE MAINE MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with all other like empowered.

OFFICER OR DIRECTOR

FILED