


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000009035**  
 1. Entity Name  
**MINISTERIO EVANGELISTICO PODER DE DIOS, INC.**



Principal Place of Business      Mailing Address  
 2055 NW 27TH AVENUE      2055 NW 27TH AVENUE  
 MIAMI, FL 33125              MIAMI, FL 33125

**DO NOT WRITE IN THIS SPACE**



03152005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
 06-1664958      Not Applicable

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

6. Name and Address of Current Registered Agent  
 NARVAEZ, NORMAN R  
 2055 NW 27TH AVENUE  
 MIAMI, FL 33125

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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, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NARVAEZ, NORMAN R 2055 NW 27TH AVENUE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORDONEZ, ANGEL 2055 NE 27 AVE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, MARTHA L 2055 NW 27TH AVENUE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ, ANGEL 2055 NW 27 AVE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, MARTHA 2055 NW 27TH AVENUE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/25/05-80109-014 61.25

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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)(j), 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:**       **04/21/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #