

**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
**2055 NW 27TH AVENUE
MIAMI, FL 33125**

Mailing Address
**2055 NW 27TH AVENUE
MIAMI, FL 33125**



03152005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1664958

Applied For
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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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 PD
NAME NARVAEZ, NORMAN R
STREET ADDRESS 2055 NW 27TH AVENUE
CITY-ST-ZIP MIAMI, FL 33125

TITLE VD
NAME ORDONEZ, ANGEL
STREET ADDRESS 2055 NE 27 AVE
CITY-ST-ZIP MIAMI, FL 33125

TITLE SD
NAME HERNANDEZ, MARTHA L
STREET ADDRESS 2055 NW 27TH AVENUE
CITY-ST-ZIP MIAMI, FL 33125

TITLE TD
NAME MARTINEZ, ANGEL
STREET ADDRESS 2055 NW 27 AVE
CITY-ST-ZIP MIAMI, FL 33125

TITLE D
NAME MARTINEZ, MARTHA
STREET ADDRESS 2055 NW 27TH AVENUE
CITY-ST-ZIP MIAMI, FL 33125

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000329197
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)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #