


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

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90064 013 \*\*\*\*70.00

<b>DOCUMENT # N02000009766</b> 1. Entity Name <b>CURSILLOS OF CHRISTIANITY, INC.</b>					
Principal Place of Business <b>16250 SW 112TH AVENUE MIAMI-FL</b>				Mailing Address <b>P.O. BOX 652307 MIAMI FL 33265-2307</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LEAL, EFREN</b> <b>1311 WEST 32ND STREET</b> <b>HIALEAH FL 33012</b>				Name <u>Roberto Acosta</u> Street Address (P.O. Box Number is Not Acceptable) <u>157 Navajo St</u> City <u>Miami Springs</u> <b>FL</b> Zip Code <u>33166</u>	
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 <u><i>Roberto Acosta</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>Roberto Acosta</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DP <u>Roberto Acosta</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEAL, EFREN</b>		NAME	<u>157 Navajo St.</u>	
STREET ADDRESS	<b>1311 WEST 32ND STREET</b>		STREET ADDRESS	<u>Miami Springs, FL 33166</u>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOISES, JESUS</b>		NAME		
STREET ADDRESS	<b>16250 SW 112TH AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33265-2307</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DV <u>Tony Diaz</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ORTIZ, FERMIN</b>		NAME	<u>8131 SW 42 Ave</u>	
STREET ADDRESS	<b>16250 SW 112TH AVENUE</b>		STREET ADDRESS	<u>MIAMI, FL 33173</u>	
CITY-ST-ZIP	<b>MIAMI FL 33625</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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 changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u><i>Jesus Moises</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>Tony Diaz</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			01/27/04 Date		
			305-554-8920 Daytime Phone #		