

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000000638

1. Entity Name
MOVIMIENTO INTERNACIONAL DE IGLESIA REFUGIO
DEL NECESITADO INC.



FILED

04 FEB 17 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6450 NW 125 LN
CHIEFLAND, FL 32626

Mailing Address
~~9581 NE 66 LANE~~
BRONSON, FL 32621

2. Principal Place of Business

3. Mailing Address

6061 NE 101 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Bronson FL

Zip

Country

Zip
32621

Country

02172004

Chg-NP

CR2E037 (10/03)

4. FEI Number

66-0551945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, FREDDIE
9581 NE 66 LANE
BRONSON, FL 32621

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RIVERA, FREDDIE	
STREET ADDRESS	9581 NE 66 LANE	
CITY-ST-ZIP	BRONSON, FL 32621	
TITLE	V	<input type="checkbox"/> Delete
NAME	RIVERA, LUZ E	
STREET ADDRESS	9581 NE 66 LANE	
CITY-ST-ZIP	BRONSON, FL 32621	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSADO, ISMAEL	
STREET ADDRESS	11266 NE 62 PN OAK RIDGE	
CITY-ST-ZIP	BRONSON, FL 00621	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSADO-TORRES, DAMARIS	
STREET ADDRESS	6450 NW 125TH LN.	
CITY-ST-ZIP	CHIEFLAND, FL 32626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600029252086	
STREET ADDRESS	02/23/04--01073--009	
CITY-ST-ZIP	**61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #