

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

05-06-2004 90162 039 \*\*\*\*61.00  
N03000001165

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 26 AM 10:15

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MOORE CR2E037 (11/03)

<b>DOCUMENT # N03000001165</b> 1. Entity Name <b>IGLESIA DE DIOS APOCALIPSIS IN KISSIMMEE, INC.</b>			
Principal Place of Business <b>3 JOHN YOUNG KISSIMMEE FL 34744</b>		Mailing Address <b>3 JOHN YOUNG KISSIMMEE FL 34744</b>	
2. Principal Place of Business <b>1278 S. Bermuda Plaza</b> Suite, Apt. #, etc. <b>John Young Parkway</b> City & State <b>Kissimmee, Florida</b> Zip <b>34741</b>		3. Mailing Address <b>1278 S. Bermuda Plaza</b> Suite, Apt. #, etc. <b>John Young Pkwy.</b> City & State <b>Kissimmee, FL</b> Zip <b>34741</b>	
4. FEI Number <b>56-2367197</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RIVERA, NICASIO</b> <b>1364 SIERRA COURT</b> <b>KISSIMMEE FL 34744</b>		7. Name and Address of New Registered Agent Name <b>Nicasio Rivera</b> Street Address (P.O. Box Number is Not Acceptable) <b>1364 Sierra Circle</b> City <b>Kissimmee</b>	
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>Nicasio Rivera - Pastor</u> DATE <u>3/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		<b>Make Check Payable to:</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD</b> <b>RIVERA, NICASIO</b> <b>1364 SIERRA CR.</b> <b>KISSIMMEE FL 34744</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Eloiza Rodriguez</b> <b>2340 Flamingo Lane</b> <b>Kissimmee, FL 34743</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b> <b>MORALES, RAMON</b> <b>2831 BRONCO AVENUE</b> <b>KISSIMMEE FL 34746</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Reynes Claudio</b> <b>245 Chadworth Drive</b> <b>Kissimmee, FL 34758-2103</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b> <b>FELIX, HECTOR</b> <b>802 N THOMAS STREET</b> <b>KISSIMMEE FL 34741</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b> <b>MERCADO, ZUNILDA</b> <b>2640 WHALEBONE BAY DRIVE</b> <b>KISSIMMEE FL 34741</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Nicasio Rivera</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>3/29/04</u> (407) 343-7857 <small>Date Daytime Phone #</small>	

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AD