

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001313

FILED
Apr 25, 2004
Secretary of State**Entity Name:** "MONTE SINAI" PRESBYTERIAN CHURCH U.S.A. INC.**Current Principal Place of Business:**PO BOX 161091
ALTOMONTE SPRINGS, FL 32716**New Principal Place of Business:**9913 BEAR LAKE RD.
APOPKA, FL 32703**Current Mailing Address:**PO BOX 161091
ALTOMONTE SPRINGS, FL 32716**New Mailing Address:**PO BOX 916151
LONGWOOD, FL 32791 61**FEI Number:** 56-2319622**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NARVAEZ, ARMANDO
617 MAJESTIC OAK DRIVE
APOPKA, FL 32712 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NARVAEZ, ARMANDO
Address: PO BOX 161091
City-St-Zip: ALTOMONTE SPRINGS, FL 32716

Title: TD () Delete
Name: CORDERO, IRMA
Address: PO BOX 161091
City-St-Zip: ALTOMONTE SPRINGS, FL 32716

Title: DS () Delete
Name: MENDOZA, RAQUEL
Address: PO BOX 161091
City-St-Zip: ALTOMONTE SPRINGS, FL 32716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NARVAEZ, ARMANDO
Address: PO BOX 916151
City-St-Zip: LONGWOOD, FL 32791

Title: TD (X) Change () Addition
Name: CORDERO, IRMA
Address: PO BOX 916151
City-St-Zip: LONGWOOD, FL 32791

Title: DS (X) Change () Addition
Name: MENDOZA, RAQUEL
Address: PO BOX 916151
City-St-Zip: LONGWOOD, FL 32791

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO NARVAEZ

PD

04/25/2004

Electronic Signature of Signing Officer or Director

Date