

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90044 028 ****61.25

DOCUMENT # N03000001678

1. Entity Name
IGLESIA Y MINISTERIO EVANGELISTICO IMPACTO DE DIOS INC.



Principal Place of Business
P. O. BOX 82
BRONSON, FL 32621

Mailing Address
P. O. BOX 82
BRONSON, FL 32621

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192004 Chg-NP CR2E037 (10/03)

4. FEI Number

76-0723530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRINIDAD, RAMON
PINE OAK HILLS, UNIT 1
BLKA LOT 29
BRONSON, FL 32621

7. Name and Address of New Registered Agent

Name **Ramon Trinidad**

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

PINE OAK HILLS unit 1 BLKA lot 29

City **BRONSON**

FL

Zip Code **32621**

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 **DP** ☐ Delete
NAME **TRINIDAD, RAMON**
STREET ADDRESS **PINE OAK HILLS UNIT 1 BLKA LOT 29**
CITY-ST-ZIP **BRONSON, FL 32621**

TITLE **VD** ☐ Delete
NAME **TRINIDAD, CATALINA**
STREET ADDRESS **PINE OAK HILLS UNIT 1 BLKA LOT 29**
CITY-ST-ZIP **BRONSON, FL 32621**

TITLE **TSD** ☐ Delete
NAME **TRINIDAD, ANA L**
STREET ADDRESS **PINE OAK HILLS UNIT 1 BLKA LOT 29**
CITY-ST-ZIP **BRONSON, FL 32621**

TITLE **D** ☐ Delete
NAME **DIAZ, LUIZ N**
STREET ADDRESS **11380 NE 62ND OAK RIDGE**
CITY-ST-ZIP **BRONSON, FL 32621**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Ramon Trinidad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #