

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002053

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: IGLESIA DE DIOS RENACER IN BROWARD, INC

## Current Principal Place of Business:

9868 PINES BLVD  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

15344 SW 19TH ST  
MIRAMAR, FL 33027

## New Mailing Address:

FEI Number: 54-2099549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FUENTES, DAVID  
15344 SW 19TH ST  
MIRAMAR, FL 33027 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: DP ( ) Delete  
Name: FUENTES, DAVID  
Address: 15344 SW 19TH ST  
City-St-Zip: MIRAMAR, FL 33027

Title: DM ( ) Delete  
Name: FUENTES, MARISOL  
Address: 15344 SW 19TH ST  
City-St-Zip: MIRAMAR, FL 33027

Title: DS ( ) Delete  
Name: CABRERA, NANCY  
Address: 100 NW 5TH AVE  
City-St-Zip: HALLANDALE, FL 33009

Title: DT ( ) Delete  
Name: CABRERA, JOSE  
Address: 100 NW 5TH AVE  
City-St-Zip: HALLANDALE, FL 33009

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MP (X) Change ( ) Addition  
Name: FUENTES, MARISOL  
Address: 15344 SW 19TH ST  
City-St-Zip: MIRAMAR, FL 33027

Title: DS (X) Change ( ) Addition  
Name: CABRERA, NANCY  
Address: 17096 COLLINS AVE APT D210  
City-St-Zip: SUNNY ISLES, FL 33160

Title: DT (X) Change ( ) Addition  
Name: CABRERA, JOSE  
Address: 17096 COLLINS AVE APT D210  
City-St-Zip: SUNNY ISLES, FL 33160

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: DAVID FUENTES

DP

04/05/2005

Electronic Signature of Signing Officer or Director

Date