


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

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90005 007 \*\*\*\*80.00

<b>DOCUMENT #</b> N03000002104	
<b>1. Entity Name</b> MUJERES CRISTIANAS UNIDAS INTERNACIONALES, INC.	

<b>Principal Place of Business</b> 11909 LAKEMIST CIR TEMPLE TERR FL 33617	<b>Mailing Address</b> 11909 LAKEMIST CIR TEMPLE TERR FL 33617
--	--

<b>2. Principal Place of Business</b> 11315 NO. 50TH ST.	<b>3. Mailing Address</b> 11315 NO. 50TH ST.
Suite, Apt. #, etc. <b>APT. 1</b>	Suite, Apt. #, etc. <b>APT 1</b>

<b>City &amp; State</b> TAMPA FLORIDA	<b>City &amp; State</b> TAMPA, FL.
---------------------------------------	------------------------------------

<b>Zip</b> 33617	<b>Country</b> USA.	<b>Zip</b> 33617	<b>Country</b> USA
------------------	---------------------	------------------	--------------------

<b>6. Name and Address of Current Registered Agent</b> VASQUEZ, GLORIA 11909 LAKEMIST CIR TEMPLE TERR FL 33617	<b>7. Name and Address of New Registered Agent</b> Name <b>VASQUEZ GLORIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>11315 NO. 50TH ST. APT 1</b> City <b>TAMPA, FL 33617</b> <b>FL</b> 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 Gloria Vasquez Gloria Vasquez  
Signature, typed or printed name of registered agent and (if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> VASQUEZ, GLORIA 11909 LAKEMIST CIR TEMPLE TERR FL 33617 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PRESIDENT</b> VASQUEZ, GLORIA 11315 NO. 50TH ST. APT 1 TAMPA, FL 33617 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> ZURKA, VIRGINIA 11321 N 50TH ST APT 8 TEMPLE TERR FL 33617 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> RIVERA, MARIA 11328 GRANDVILLE DR TEMPLE TERR FL 33617 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> APONTE, EVELYN 12203 N 53RD ST TEMPLE TERR FL 33617 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DIRECTOR</b> VASQUEZ, RAPHAEL 11315 NO 50TH ST. APT 1 TAMPA, FLORIDA, 33617 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<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:** Gloria Vasquez Gloria Vasquez **10/FEB/04** **813-980-3898**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #