## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Sep 03, 2004 8:00 am Secretary of State DOCUMENT # N03000003601 09-03-2004 90001 010 \*\*\*\*61.25 IGLESIA EVANGELICA EN SUS MANOS INC. Mailing Address Principal Place of Business 2770 W 61 PLACE #202 2770 W 61 PLACE #202 54071551 HIALEAH, FL 33016 HIALEAH, FL 33016 Principal Place of Business 70 W. Suite, Apt. #, etc. Suite, Apt. #, etc. 08092004 CR2E037 (10/03) Chg-NP Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARQUIN, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 2770 W 61 PLACE #202 HIALEAH, FL 33016 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Delete Change BARQUIN, FRANCISCO A NAME NAME STREET ADDRESS 2770 W 61 PLACE #202 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-ZIP ☐ Detete ☐ Change ■ Addition TITLE TITLE BARQUIN, GLORIA M NAME NAME 2770 W 61 PLACE #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-7tP ☐ Delete Change ☐ Addition TITLE TITLE DIAZ, TOMAS I NAME NAME STREET ADDRESS 3805 SW 103 AVE #A204 STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 33012 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TOTIE Channe NAME STREET ADDRESS 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 reports the 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 trusteelemgowered 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 attact fireful with a haddless will all other like empowered. **SIGNATURE:**

ME OF SIGHING OFFICER OR DIRECTOR

FILED