


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000008876  
 1. Entity Name  
 IGLESIA EVANGELICA EL DIVINO REDENTOR, CORP



Principal Place of Business  
 15830 SW WARFIELD BLVD.  
 INDIANTOWN, FL 34956

Mailing Address  
 P.O. BOX 301  
 INDIANTOWN, FL 34956

**DO NOT WRITE IN THIS SPACE**



04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 04-3777511

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 SIMON, DANIEL  
 5819 SO. 37TH ST.  
 GREENACRES, FL 33463-3214

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOPEZ, JULIO 5819 SO 37TH ST. GREENACRES, FL 334633212
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CARDONA, AGUSTO 5819 SO 37TH ST. GREENACRES, FL 334633212
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MENDOZA, BENJAMIN 5819 SO 37TH ST. GREENACRES, FL 334633212
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U00000358550  
 05/04/05-80119-008 61.25

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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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR