

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010611

FILED
May 02, 2004
Secretary of State**Entity Name:** IGLESIA EN MANOS DEL ALFARERO, INC.**Current Principal Place of Business:**433 VINE STREET
KISSIMMEE, FL 34758**New Principal Place of Business:****Current Mailing Address:**433 VINE STREET
KISSIMMEE, FL 34758**New Mailing Address:**2417 HYBRID DR
KISSIMMEE, FL 34758**FEI Number:** 74-3115410**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**OJEDA, HILDA
433 VINE STREET
KISSIMMEE, FL 34758**Name and Address of New Registered Agent:**OJEDA, HILDA
2417 HYBRID DR
KISSIMMEE, FL 34758

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: _____

05/02/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OJEDA, HILDA
Address: 2417 HYBRID DR.
City-St-Zip: KISSIMMEE, FL 34758

Title: SD () Delete
Name: GONZALEZ, MIGUEL
Address: 2417 HYBRID DR.
City-St-Zip: KISSIMMEE, FL 34758

Title: TD () Delete
Name: REPOLLET, MARIA V
Address: 15 BOLTON COURT
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: GONZALEZ, MIGUEL
Address: 2417 HYBRID DR.
City-St-Zip: KISSIMMEE, FL 34758

Title: SD (X) Change () Addition
Name: REPOLLET, MARIA V
Address: 15 BOLTON COURT
City-St-Zip: KISSIMMEE, FL 34758

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: HILDA OJEDA

PD

05/02/2004

Electronic Signature of Signing Officer or Director

Date