2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90188 034 ****61.25

DOCUMENT # N04000001496

1. Entity Name
IGLESIA CRISTIANA ROBLES DE JUSTICIA, XI INC.

Principal Place of Business	Mailing Address
209 B W. 1ST ST. SANFORD, FL 32771	209 B W. 1ST ST. SANFORD, FL 32771

02072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1st St.	1st St.
Suite, Apt. #, etc.: 209 B W	Suite, Apt. #, etc.: 209 B W
City & State: Sanford Fl.	City & State: Sanford Fl.
Zip: 32771 Country: Seminole	Zip: 32771 Country: Seminole

4. FEI Number: 65-0820430 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAMOS, ZORAIDA 2727 W.OAKRIDGE RD BLD 6 APT #1 ORLANDO, FL 32809	Name: Ramos Zoraida Street Address (P.O. Box Number is Not Acceptable): 10855 Windsor Walk Dr 101 City: Orlando FL Zip Code: 32837

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: Zoraida Ramos 02/23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GELY, AUGUSTINE 2727 W. OAKRIDGE RD BLD 6 APT # 1 ORLANDO, FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARABALLO, ANTONIO CALLE GUAYAMA BL 6 #2 VILLA CANEY TRUJILLO ALTO, PR 00976	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMOS, ZORAIDA 2727 W. OAKRIDGE RD BLD APT #1 ORLANDO, FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLENDE, JOHANNA 2727 W. OAKRIDGE RD BLD APT #1 ORLANDO, FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Zoraida Ramos 02/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #