2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/29/2005-90217-022-$61.25-$61.25

DOCUMENT # N04000006131

1. Entity Name
IGLESIA EVANGELICA EL TABOR JEHOVA NISSI INC.

FILED
05 JUN 10 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
246 ARLINGTON AVE LADY LAKE, FL 32159	P O BOX 82 BRONSON, FL 32621

2. Principal Place of Business	3. Mailing Address
246 Arlington Ave.	P.O Box 82
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lady Lake Fl	City & State: Bronson Florida
Zip: 32159 Country:	Zip: 32621 Country:

03022005 Chg-NP CR2E037 (10/03)

4. FEI Number: 80-0113985 ☐ 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
TRINIDAD, RAMON PINE OAK HILL 60 STREET 110 AVE BRONOSN, FL 32621	Name: Ramon Trinidad Street Address (P.O. Box Number is Not Acceptable): Pine OAK Hill 60 street 110 ave. City: Bronson Fl FL Zip Code: 32621

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: Ramon Trinidad 04/19/05
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	P TRINIDAD, RAMON PINE OAK HILL 60 STREET 110 AVE BRONSON, FL 32621	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TRINIDAD, KATALINA PINE OAK HILL 60 STREET 110 AVE BRONSON, FL 32621	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JASSO, ALMA R 246 ARLINGTON AVE LADY LAKE, FL. 32159	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FIGUEROA, ANA L 6061 NE 101 TERRACE BRONSON, FL 32621	☐ 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

6/10

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: Ramon Trinidad 04/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #