

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90140 008 ****70.00

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1. Entity Name
MINISTERIO CRISTIANO EXODO 13:21, INC.



Principal Place of Business
**16510 SW 96TH TERR.
MIAMI, FL 33196**

Mailing Address
**16510 SW 96TH TERR.
MIAMI, FL 33196**

30065293



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07202005 Chg-NP CR2E037 (10/03)

4. FEI Number **342002793** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

ANGEL L. ORTIZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

8-20-05

**Filing Fee is \$61.25
Due by September 7, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ORTIZ, ANGEL L	
STREET ADDRESS	16510 SW 96TH TERR.	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	RAGHUNANDAN, PAUL S	
STREET ADDRESS	16510 SW 96TH TERR.	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ORTIZ, BLANCA M.	
STREET ADDRESS	16510 SW 96TH TERR.	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	BONILLA, RICHARD A	
STREET ADDRESS	16510 SW 96TH TERR.	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOMENO, GILBERTO	
STREET ADDRESS	16510 SW 96TH TERR.	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANGEL L. Ortiz

8-20-05