


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90099 023 \*\*\*\*61.25

<b>DOCUMENT # N04000007461</b>			
1. Entry Name <b>IGLESIA ECUMENICA SAN FRANCISCO DE ASIS INC.</b>			
Principal Place of Business 1244 E 4TH AVE HALEAH FL 33010		Mailing Address 1244 E 4TH AVE HALEAH FL 33010	
2. Principal Place of Business		2. Mailing Address	
Subs. Act. e. etc.		Subs. Act. e. etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Name and Address of Current Registered Agent <b>-ESCOBAR, MARITZA 190-174TH ST SUITE 1606 NORTH MIAMI BEACH FL 33160</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
8. The above named entry 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 _____			
<p><b>FILE NOW: FEE IS \$81.25</b>  <b>Due By May 1, 2005</b></p>		<p>9. Section Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fee</p>	
<p>Make Check Payable to Florida Department of State</p>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<p>Maritza Escobar (President) 290-174 ST Suite 1606 North Miami, FL 33160</p>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<p>Venancio Zorrilla (Secretary) 10090 NW 80 CT Hialeah Gardens, FL 33016</p>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<p>Hilda Queris (Treasurer) 585 SE 9 AVE. Hialeah, FL 33010</p>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<p>Gerardo Menendez (Director) 11015 NW 17 Ave. Miami, FL 33167</p>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information provided with this filing does not qualify for the exemption stated in Section 108.07(3)(D), 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 as an attachment with an affidavit with all other (the empowered).			
SIGNATURE: _____		4/23/05 (76) 514-4824	

*[Handwritten signatures and scribbles]*

5/20/05  
6/20/05