

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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May 11, 2006 8:00 am
Secretary of State

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05042006 No Chg-NP CR2E037 (4/06)

DOCUMENT # N04000007461
 1. Entity Name
 IGLESIA ECUMENICA SAN FRANCISCO DE ASIS INC.



Principal Place of Business 1244 E 4TH AVE HIALEAH, FL 33010	Mailing Address 1244 E 4TH AVE HIALEAH, FL 33010
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DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1439440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ESCOBAR, MARITZA
 190-174TH ST
 SUITE 1606
 NORTH MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ESCOBAR, MARITZA 290-174 ST SUITE 1606 NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ZORRILLA, VENACIO 10090 NW 80 COURT HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENENDEZ, GERARDO 11015 NW 17 AVE. MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **4/28/06** (786) 154-4824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #