
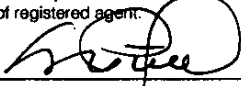
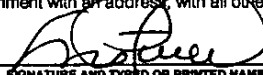


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90102 024 \*\*\*\*61.25

<b>DOCUMENT # N12278</b>					
1. Entity Name KARDECIAN SPIRITIST CONGREGATION, INC.					
Principal Place of Business 1875 W. FLAGLER STREET MIAMI, FL 33135			Mailing Address PO BOX 452405 MIAMI, FL 33245		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DELAPAZ, MANUEL 2550 SW 27 LN MIAMI, FL 33133			Name <u>Norberto Prieto</u> Street Address (P.O. Box Number is Not Acceptable) <u>15450 SW 75 Circle Lane, Apt. 108</u> City <u>Miami</u> FL Zip Code <u>33193-1821</u>		
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 <u>7/20/05</u>		(NOTE: Registered Agent signature required when reinstating)
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAZA, GUALBERTO		NAME		
STREET ADDRESS	795 W 70TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33014		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIDIA, SENDRA		NAME		
STREET ADDRESS	7135 COLLINS AVE 1102		STREET ADDRESS	<u>215 SW 42 Avenue, Apt. 507</u>	
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	<u>Miami, FL 33134</u>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAZA, CARMEN		NAME		
STREET ADDRESS	795 W 70TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33014		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELAPAZ, MANUEL		NAME	<u>Norberto Prieto</u>	
STREET ADDRESS	2550 SW 27 LN		STREET ADDRESS	<u>15450 SW 75 Circle Lane, Apt. 108</u>	
CITY-ST-ZIP	MIAMI, FL 331333113		CITY-ST-ZIP	<u>Miami, FL 33193-1821</u>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			DATE <u>7/20/05</u>		Daytime Phone #

0000007



07172005 Chg-NP CR2E037 (10/03)