


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N20271 1. Entity Name IGLESIA CRISTIANA EL REBANO, INC.	
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Principal Place of Business 7339 E. COLONIAL DR. SUITE 9 ORLANDO, FL 32807 US	Mailing Address 7339 E. COLONIAL DR. SUITE 9 ORLANDO, FL 32807 US
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2821022	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HERNANDEZ, CARMEN
1125 SANTA CRUZ WAY
WINTER PARK, FL 32708

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000053403 02/16/04-80127-011 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HERNANDEZ, RAMON 1125 SANTA CRUZ WAY WINTER SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERNANDEZ, CARMEN 1125 SANTA CRUZ WAY WINTER SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VASQUEZ, MARGARITA 5824 CHIPOLA CIRCLE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VASQUEZ, EDWIN 5824 CHIPOLA CIRCLE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 Hernandez* 2-10-04 407-365-2526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #