

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90025 030 \*\*\*\*70.00

**DOCUMENT # N28562**

1. Entity Name

TEMPLO DE ADORACION FAMILIAR, INC.



Principal Place of Business

6194 SUMMIT BLVD  
 WEST PALM BCH FL 33415  
 US

Mailing Address

6194 SUMMIT BLVD  
 WEST PALM BCH FL 33415  
 US

29081121



MOORE CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0109246

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERCADO, JOAQUIN  
 6194 SUMMIT BLVD  
 WEST PALM BCH FL 33415

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	MERCADO, JOAQUIN	6194 SUMMIT BLVD	WEST PALM BCH FL 33415	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	GARCIA, EUGENE	1406 THORNTRIDGE LANE	ROYAL PALM BEACH FL 33411	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	NARVAEZ, JUAN	3139 EGREMONT DR	WEST PALM BEACH FL 33406	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	MERCADO, JOAQUIN JR	12959 PENNYPACKER TRL #10	WELLINGTON FL 33414	<input checked="" type="checkbox"/>	VP	ANA MERCADO	2176 ALWORTH TERR.	WELLINGTON, FL. 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #

8/14/04