

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

4/16/2

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-16-2004 90123 031 ***61.25



DOCUMENT # N33044

1. Entity Name

BRETHREN IN CHRIST CHURCH CORP.

Principal Place of Business

930 HIALEAH DRIVE
 #5
 HIALEAH FL 33010

Mailing Address

930 HIALEAH DRIVE
 #6
 HIALEAH FL 33010

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

23-0536540

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, NORMA
 41-E 20TH ST
 HIALEAH FL 33010

7. Name and Address of New Registered Agent

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 May 1, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	DIAZ, MIGUEL	
STREET ADDRESS	41 E 20TH ST	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	IRIBAR, MARIA D	
STREET ADDRESS	16607 NW 72 AVENUE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANES, EDUARDO	
STREET ADDRESS	892B SW 150 AVE	
CITY-ST-ZIP	MAIMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUGAMA, DAVID	
STREET ADDRESS	1835 SW 9TH ST, #2	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	SECRETARY.	<input type="checkbox"/> Delete
NAME	NORMA DIAZ	
STREET ADDRESS	240 E 20TH ST	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGOBERTO	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIGOBERTO BARRIOS	
STREET ADDRESS	2571 W 72 PL	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Miguel Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #