


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N33044</b>					
1. Entity Name <b>BRETHREN IN CHRIST CHURCH CORP.</b>					
Principal Place of Business <b>930 HIALEAH DRIVE #6 HIALEAH FL 33010</b>			Mailing Address <b>930 HIALEAH DRIVE #6 HIALEAH FL 33010</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt. #, etc		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  <b>DIAZ, NORMA 41 E 20TH ST HIALEAH FL 33010</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	DIAZ, MIGUEL		NAME		
STREET ADDRESS	41 E 20TH ST		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33010		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BARRIO, RIGOBERTO		NAME		
STREET ADDRESS	2571 WEST 72 PL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33016		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HANES, EDUARDO		NAME		
STREET ADDRESS	8928 SW 150 AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RUGAMA, DAVID		NAME		
STREET ADDRESS	1810 SW 1 ST #3		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33135		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	DIAZ, NORMA		NAME		
STREET ADDRESS	240 EAST 20TH ST.		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33010		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

4. FEI Number **23-0536540** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

U00000505606  
04/26/06-80122-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, 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.