


FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90360 042 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N33054			
1. Entity Name IGLESIA BAUTISTA RHEMA, INC.			
Principal Place of Business 9165 FONTAINBLEAU BLVD #8 MIAMI, FL 33172 US		Mailing Address PO BOX 523021 MIAMI, FL 33152 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DUSSAN, DAVID H 9165 FOUNTAINBLEAU BLVD. #8 MIAMI, FL 33172		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$63.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSSAN, BELARMINO B.	NAME	
STREET ADDRESS	9165 FOUNTAINBLEAU BLVD	STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL	CITY- ST- ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUJILLO, PEDRO NEL	NAME	
STREET ADDRESS	9674 FOUNTAINBLEAU BLVD, #39	STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33172	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARAMILLO, YOLANDO	NAME	
STREET ADDRESS	9110 FOUNTAINBLEAU BLVD	STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MARLEN LUGO	NAME	
STREET ADDRESS	7859 W 36TH AVE, 103	STREET ADDRESS	
CITY- ST- ZIP	HIALEAH, FL 33016	CITY- ST- ZIP	
TITLE	M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSSAN, DAVID H	NAME	
STREET ADDRESS	9165 FOUNTAINBLEAU BLVD #8	STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33172	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 info empowered.			
SIGNATURE: <i>Belarmino B. Dussan</i>		Date: <i>4-26-04</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	