

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

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90022 034 ****61.25

DOCUMENT # N37430

1. Entity Name

**DEFENDERS OF THE CHRISTIAN FAITH CHURCH, THE
NEW JERUSALEM, INC.**



Principal Place of Business

**4528 NW 1 AVE
MIAMI FL 33164
US**

Mailing Address

**PO BX 610099
MIAMI BCH FL 33164
US**

04014017



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0359517

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FIGUEROA, RUBEN REV.
521 N.E. 142 ST.
MIAMI FL 33161**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FIGUEROA, RUBEN REV. ☐ Delete
STREET ADDRESS 521 N.E. 142ND ST.
CITY-ST-ZIP MIAMI FL 33161

TITLE PASTOR ☐ Change ☐ Addition
NAME CARMEN ALICANO
STREET ADDRESS 290 N.E. 163 STREET
CITY-ST-ZIP MIAMI, FL. 33162

TITLE FIGUEROA, IDALIA ☐ Delete
NAME
STREET ADDRESS 521 NE 142ND ST.
CITY-ST-ZIP MIAMI FL 33161

TITLE TRESURER, DEACON ☐ Change ☐ Addition
NAME ROSA ACOSTA
STREET ADDRESS 14040 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL. 33181

TITLE DST ☐ Delete
NAME ALICANO, CARMEN
STREET ADDRESS 290 NE 163RD ST
CITY-ST-ZIP MIAMI FL 33162

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carmen Alicano

Feb. 16 /04

Date

Daytime Phone #

305-948-6496