

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

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90283 001 \*\*\*\*61.25  
04-22-2004 90283 002 \*\*\*\*\*8.75

**DOCUMENT # N47973**

1. Entity Name

IGLESIA BAUTISTA EL REDENTOR, INC.



Principal Place of Business

755 E. 49TH ST.  
#5  
HIALEAH FL 33012  
US

Mailing Address

1791 W 72 STREET  
HIALEAH FL 33014  
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

65-0326085

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

PEREZ, PEDRO PABLO  
63 EAST 58TH STREET  
HIALEAH FL 33013

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	PEREZ, PEDRO PABLO	
STREET ADDRESS	63 E. 58 ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FERRER, LUIS	
STREET ADDRESS	1736 W. 44TH PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PEREZ, ARGEL E.	
STREET ADDRESS	1791 W 72 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MONZON, MILAGROS	
STREET ADDRESS	5035 E. 1ST AVE.	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, PEDRO P, SR.	
STREET ADDRESS	63 EAST 58 ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AYALA, LUIS	
STREET ADDRESS	13530 NW 2ND ST	
CITY-ST-ZIP	PLANTATION FL 33325	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D MARLENY S MESA	
STREET ADDRESS	5327 Palm ave. Apt # 205	
CITY-ST-ZIP	Hialeah 33012 FL	

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:** *Argel E. Perez* ARGEL E. Perez (DTreasurer) 4/19/04 786 313 8291 (WORK)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #