

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90043 046 ****70.00

DOCUMENT # N48900 1. Entity Name IGLESIA CRISTIANA REFORMADA BUENAS NUEVAS, INC.					
Principal Place of Business 11989 SW 56TH STREET MIAMI, FL 33184 US				Mailing Address PO BOX 940621 MIAMI, FL 33194-0621 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40012187 	
City & State		City & State		4. FEI Number 65-0344223	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUAREZ, XAVIER 175 DUKE DR LAKE WORTH, FL 33460				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ, XAVIER 175 DUKE DR LAKE WORTH, FL 33460	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BORREGO, NORMA V 13150 SW 6 ST MIAMI, FL 33184	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BORREGO, RAMON C 13150 SW 6TH STREET MIAMI, FL 33184	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	J.Michael VanRoy 15448 SW 48 Street Miami, FL 33185 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AYERDIS, MARTHA L 6058 SW 127 CT MIAMI, FL 33183	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Noellie Mendoza 13214 SW 11 Terrace Miami, FL 33184 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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				Jan. 30, 2005 305-223-8002 Date Daytime Phone #	