


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90054 024 \*\*\*\*61.25

DOCUMENT # N92000000827					
1. Entity Name IGLESIA EVANGELICA LUTERANA "SAN PABLO APOSTOL" INC.					
Principal Place of Business 10700 SW 56TH ST. MIAMI, FL 33165		Mailing Address 10700 SW 56TH ST. MIAMI, FL 33165			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03302005 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0366190				Applied For 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		
SIELK, WILLIAM A 9810 SW 84TH STREET MIAMI, FL 33173			Name: <u>WILLIAM ALAN SIELK</u> Street Address (P.O. Box Number is Not Acceptable): <u>9810 S.W. 84th street</u> City: <u>MIAMI, FL</u> Zip Code: <u>FL 33173</u>		
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: <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating.) DATE: <u>04/10/05</u>		
Filing Fee is \$61.25 Due by May 1, 2005		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REAL, VICTOR		NAME		
STREET ADDRESS	10700 SW 56TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRUGAL, JENNY		NAME		
STREET ADDRESS	5300 SW 104TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELLO, MARY A		NAME		
STREET ADDRESS	10816 N. KENDALL DR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SERRANO, EISELL		NAME	<u>SERRANO, GISELL</u>	
STREET ADDRESS	11090 S.W. 59TH TERR.		STREET ADDRESS	<u>11090 S.W. 59th TER.</u>	
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP	<u>MIAMI, FL 33165</u>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOWNS, MARTINA		NAME		
STREET ADDRESS	6690 S.W. 155TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESCOBAR, MARTHA		NAME		
STREET ADDRESS	4873 S.W. 135TH CT.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		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 lists empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: <u>04/07/05</u> DAYTIME PHONE #: <u>(305) 271-3698</u>		