


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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		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 SIELK, WILLIAM A 9810 SW 84TH STREET MIAMI, FL 33173			7. Name and Address of New Registered Agent 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>William Alan Sielk</u> (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 NAME STREET ADDRESS CITY-ST-ZIP	P REAL, VICTOR 10700 SW 56TH ST. MIAMI, FL 33165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUGAL, JENNY 5300 SW 104TH AVE MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLO, MARY A 10816 N. KENDALL DR. MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERRANO, EISELL 11090 S.W. 59TH TERR. MIAMI, FL 33165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>D SERRANO, EISELL</u> <u>11090 S.W. 59th TERR.</u> <u>MIAMI, FL 33165</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNS, MARTINA 6690 S.W. 155TH AVE. MIAMI, FL 33165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESCOBAR, MARTHA 4873 S.W. 135TH CT. MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Mary A. Bello</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04/07/05 (305) 271-3698 Date Daytime Phone #		