

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90002 003 \*\*\*\*\*70.00

**DOCUMENT # N93000000085**



1. Entity Name  
**IGLESIA CRISTIANA EL TABERNACULO DE KENDALL A  
D, INC.**

Principal Place of Business  
**12215 SW 112TH ST  
MIAMI, FL 33186**

Mailing Address  
**12215 SW 112TH ST  
MIAMI, FL 33186**

**54056698**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072003

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**65-0381013**

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

**CUETO, ELIAS  
7951 NW 197 ST  
MIAMI, FL 33015**

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

**Filing Fee is \$61.25  
Due by September 8, 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 PD ☐ Delete  
NAME **CUETO, ELIAS**  
STREET ADDRESS **7951 NW 197 STREET**  
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE VD ☐ Delete  
NAME **SAER, BETTY**  
STREET ADDRESS **11501 SW 84TH ST**  
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE ST ☐ Delete  
NAME **TUCKER, PENELOPE**  
STREET ADDRESS **14148 SW 160 AVE**  
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE M ☐ Delete  
NAME **CUETO, JUANA**  
STREET ADDRESS **7951 NW 197 STREET**  
CITY-ST-ZIP **HIALEAH, FL 33015**

TITLE M ☐ Delete  
NAME **RODRIGUEZ, MANUEL F**  
STREET ADDRESS **14620 SW 143 TERRACE**  
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **M Cueto, Juana**  
STREET ADDRESS **7951 NW 197 street**  
CITY-ST-ZIP **miami, FL 33015**

TITLE ☐ Change ☐ Addition  
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

**Penelope Tucker**

**5-19-04**

Date

**(786) 293-7909**

Daytime Phone #