

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000776

FILED
Apr 29, 2005
Secretary of State

Entity Name: IGLESIA CONFRATERNIDAD CRISTIANA DE LEISURE CITY, INC.

Current Principal Place of Business:

29800 S.W. 153 CT
LEISURE CITY, FL 33033

New Principal Place of Business:

Current Mailing Address:

14820 S.W. 297 ST
LEISURE CITY, FL 33033

New Mailing Address:

FEI Number: 65-0145695 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HERNANDEZ, REV. ALVARO
9460 MONTEGO BAY DR
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERNANDEZ, ALVARO REV.
Address: 9460 MONTEGO BAY DR
City-St-Zip: MIAMI, FL 33189

Title: D () Delete
Name: LEMUS, JAMILE
Address: 12421 SW 192 TER
City-St-Zip: MIAMI, FL 33172

Title: T () Delete
Name: GOMEZ, ELVIRA J
Address: 14820 SW 297 ST
City-St-Zip: HOMESTEAD, FL 33033

Title: S () Delete
Name: MOJICA, MILAGRO
Address: 29720 SW 158 PL
City-St-Zip: HOMESTEAD, FL 33033

Title: D () Delete
Name: CABALLERO, RAFAELA
Address: 20911 SW 118 AV
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: MARQUEZ, ANGEL L
Address: 29031 SW 147 AV
City-St-Zip: LEISURE CITY, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGEL L. MARQUEZ

D

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date