


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90312 016 ****70.00

| | | | |
|---|--------------------------|---|----------------|
| DOCUMENT # N93000001235 | |  | |
| 1. Entity Name CHRISTIAN CHURCH REVIVAL TEMPLE (IGLESIA CRISTIANA TEMPLO DEL AVIVAMIENTO), INC. | | | |
| Principal Place of Business 7707 NW 103RD STREET HIALEAH FL 33016 US | | Mailing Address PO BOX 160657 HIALEAH FL 33016 US | |
| 2. Principal Place of Business 2137 W. 60th St. | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Hialeah Florida | | City & State | |
| Zip 33016 | Country U.S.A. | Zip | Country |

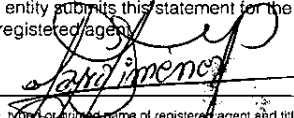


MOORE CR2E037 (11/03)

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|---|--|---|--|
| 4. FEI Number 65-0410163 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent CARDONA, MARIA GLADYS 22-10 SW 138 AVE MIAMI FL 33175 | | 7. Name and Address of New Registered Agent Name Dayra Jimenez Street Address (P.O. Box Number is Not Acceptable) 18555 Collins Ave. Apt. 150 City Sunny Isles FL Zip Code 33160 | |
|---|--|--|--|

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.

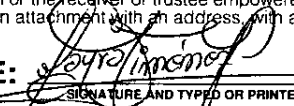
SIGNATURE:  DATE: 04/05/2004

Signature. Type or print the name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 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 DP NAME OLIVO, DAVID STREET ADDRESS 186 NW 27 AVENUE APT 309 CITY-ST-ZIP MIAMI FL 33055 <input type="checkbox"/> Delete | TITLE DP NAME Olivo, David STREET ADDRESS 18932 N.W. 27 Ave. Apt. 112 CITY-ST-ZIP Miami, FL. 33055 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE DV NAME BARRETT, GUARINA STREET ADDRESS 6345 NW 201 LANE CITY-ST-ZIP MIAMI FL 33015 <input type="checkbox"/> Delete | TITLE DV NAME Barrett Guarina STREET ADDRESS 6345 N.W. 201 Lane CITY-ST-ZIP Miami, FL. 33015 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE DT NAME JIMENEZ, DAYRA STREET ADDRESS 18555 COLLINS AVE CITY-ST-ZIP SUNNY ISLES FL 33160 <input type="checkbox"/> Delete | TITLE DT NAME Jimenez Dayra STREET ADDRESS 18555 Collins Ave. Apt. 150 CITY-ST-ZIP Sunny Isles, FL. 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE D NAME DIGERONIMO, ORIETA STREET ADDRESS 2405 DEER CREEK RD CITY-ST-ZIP WESTON FL 33327 <input checked="" type="checkbox"/> Delete | TITLE D NAME Sarmiento Faride STREET ADDRESS 9370 Sunrise Lakes Blvd. 105 CITY-ST-ZIP Sunrise, FL. 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE DS NAME CARDONA, MARIA GLADYS STREET ADDRESS 2210 SW 138 AVENUE CITY-ST-ZIP MIAMI FL 33175 <input checked="" type="checkbox"/> Delete | TITLE D.S NAME murillas Delimiro STREET ADDRESS 7333 Dickens Ave. Apt. 2 CITY-ST-ZIP Miami Beach, FL. 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <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:  **Dayra Jimenez** **04/05/2004 (305) 935-2890**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #