

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90168 019 ****70.00

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1. Entity Name
CHRISTIAN CHURCH REVIVAL TEMPLE (IGLESIA CRISTIANA TEMPLO DEL AVIVAMIENTO), INC.

Principal Place of Business
**700 PALM AVENUE
HIALEAH FL 33010
US**

Mailing Address
**700 PALM AVENUE
HIALEAH FL 33010
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**7707 NW 103rd Steet
Suite, Apt. #, etc.
Hialeah Gardens**

3. Mailing Address
**PO Box 160657
Suite, Apt. #, etc.**

City & State
Miami FL

City & State
Hialeah FL

4. FEI Number **65-0410163**

Applied For
Not Applicable

Zip
33016

Country
Dade

Zip
33016

Country
Dade

5. Certificate of Status Desired

\$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
N/A
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 *Maria Gladys Cardona*

05-05-03.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OLIVO, DAVID 186 NW 27 AVENUE APT 309 MIAMI FL 33055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOPEZ, CLAUDIA V 250 AZURE WAY APT 4 MIAMI SPRINGS FL 33166	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JIMENEZ, DAYRA 18555 COLINS AVE SUNNY ISLES FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGERONIMO, ORIETA 2405 DEER CREEK RD WESTON FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARDONA, MARIA GLADYS 2210 SW 138 AVENUE MIAMI FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OLIVO DAVID 186 NW 27 AVE Apto. 309 Miami FL 33055	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GUARINA BARRETT 6345 NW 201 LANE MIAMI FL 33015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAYRA JIMENEZ 18555 COLINS AVENUE SUNNY ISLES FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARDONA MARIA GLADYS 2210 SW 138 AVENUE MIAMI FL 33175	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGERONIMO ORIETA 2405 DEER CREEK RD WESTON FL 33327	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 any other like empowered.

SIGNATURE: *Maria Gladys Cardona*

05-05-03

CR2E037 (10/02)