## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2004 8:00 am Secretary of State

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DOCUMENT # N9300002711  1. Entity Name IGLESIA CRISTIANA TESALONICA, INC.						0	4-21-2004 9				
400 N. 35TH AVENUE P.O.			Mailing Address P.O. BOX 6636 HOLLYWOOD, FL 339				94058827 				
2. Principal Place of Business		3. Mailing Address									
Suite, Apt, #, etc.		Suite, Apt. #, etc.			01152004	Chg-NP	CR2E03	7 (10/03) "			
City & State			City & State			4. FEI Number Applied For 65-0517163 Not Applicable					
Zip Country		Country	Zip Cou		untry	5. Certificate of	of Status Desired		\$8.75 Addi Fee Required		
	6. Name a	nd Address of Current R	egistered Agent			7. Name and /	Address of New	Registered A	gent		
DECET DUREN					Name						
PEREZ, RUBEN 309 SE 2ND AVENUE DANIA, FL 33004			Street Address		sss (P.O. Box Number	(P.O. Box Number is Not Acceptable)					
DATA, I E 00004											
	•		_		City			FL	Zip Code		
		submits this statement for	the purpose of changing	its register	ed office or reg	istered agent, or both	, in the State of	Florida. I am f	amiliar with,	and accept	
the obligati	ions of register	ed agent.									
										· ·	
SIGNATURE _	Signature, typed or	printed name of registered agent as	d title if applicable. (N	OTE: Registere	id Agent signature re	quired when reinstating)	······································	DATE			
Filing Fee is \$61.25 9. Election Campaig  Due by May 1, 2004 Trust Fund Contri					inancing	AF 00	\$5.00 May Be Added to Fees  Make check payable to Florida Department of State				
<u> </u>	Due by Ma		Trust Fun	d Contribut	tion.		FI FI				
l 10	Due by wa	ıy 1, 2004				Added to Fees	FI	orida Depart	tment of St	ate	
10.	<u> </u>		ECTORS	11.			FI	orida Depart	tment of St	ate	
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TITLE	PD	OFFICERS AND DIR	ECTORS	11. THIL NAM STRI	E AE EET ADDRESS	Added to Fees	FI	orida Depart	TECTORS IN	10	
TITLE NAME	PD PEREZ, RL	OFFICERS AND DIR UBEN ND AVE	ECTORS	11. THIL NAM STRI	E &E	Added to Fees	FI	orida Depart	TECTORS IN Change	10 Addition	
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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.

Saraferez SIGNATURE: Sara SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)<u>924-1186</u>