

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

**FILED**  
**Aug 19, 2004 8:00 am**  
**Secretary of State**

08-19-2004 90051 023 \*\*\*\*61.25

**DOCUMENT # N94000000977**

1. Entity Name

IGLESIA EVANGELICA JESUCRISTO REFUGIO ETERNO,  
INC.



Principal Place of Business

550 SW 115 AVE  
A7  
MIAMI FL 33174  
US

Mailing Address

550 SW 115 AVE  
A7  
MIAMI FL 33174  
US

34068855



MOORE CR2E037 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0471868

Applied For  
Not Applicable

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

SEGOWIA, VICTOR H  
500 SW 115 AVE  
A7  
MIAMI FL 33174

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

**FILE NOW: 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 DP  
NAME SEGOWIA, VICTOR H ☐ Delete  
STREET ADDRESS 550 SW 115 AVE A7  
CITY-ST-ZIP MIAMI FL 33174

TITLE DT  
NAME SEGOWIA, MARIA C ☐ Delete  
STREET ADDRESS 550 SW 115 AVE A7  
CITY-ST-ZIP MIAMI FL 33174

TITLE D  
NAME ALMENDAREZ, LORNA ☐ Delete  
STREET ADDRESS 3430 E 4TH AVE., #208  
CITY-ST-ZIP HIALEAH FL 33013

TITLE DS  
NAME CARNICEQO, ISABEL ☐ Delete  
STREET ADDRESS 10101 W. OKEECHOBEE #8202  
CITY-ST-ZIP HIALEAH FL 33016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 V.  
NAME MARIA C. SEGOWIA ☒ Change ☐ Addition  
STREET ADDRESS 550 S.W. 115 A7  
CITY-ST-ZIP MIAMI FL 33174

TITLE S.  
NAME LORNA ALMENDAREZ ☒ Change ☐ Addition  
STREET ADDRESS 3430 E. 4. AV. # 208  
CITY-ST-ZIP HIALEAH FL 33013

TITLE D.T.  
NAME DANIELA SEGOWIA ☐ Change ☒ Addition  
STREET ADDRESS 550 S.W. 115 AV. A7  
CITY-ST-ZIP MIAMI FL 33174

TITLE D.  
NAME ISABEL CARNICERO ☒ Change ☐ Addition  
STREET ADDRESS 10101 W. OKEECHOBEE # 8202  
CITY-ST-ZIP HIALEAH FL 33016

TITLE D.  
NAME ZULMA RUIZ ☐ Change ☐ Addition  
STREET ADDRESS 8430 N.W. 32 AV.  
CITY-ST-ZIP MIAMI FL 33147

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:

*Victor H. Segovia* 8.02.04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

786-277-2697  
305-485-7859