


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

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90203 044 ****61.25

DOCUMENT # N94000001289 1. Entity Name MINISTERIO EVANGELICO CRISTIANO AMOR Y FE, INC.					
Principal Place of Business 1546 W. FLAGLER ST. MIAMI FL 33135			Mailing Address 1546 W. FLAGLER ST. MIAMI FL 33135		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0476715	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GONZALEZ, JOSE LUIS 9466 SW 6 TERR 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	P	<input type="checkbox"/> Delete	TITLE	ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, JOSE LUIS		NAME	9466 S.W. 6 terrace	
STREET ADDRESS	1253 N.W. 5TH ST., # 1		STREET ADDRESS	miami, FL. 33174	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOMEZ, MARIA C		NAME		
STREET ADDRESS	2881 NW 87 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33127		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, GLORIA E		NAME	9466 S.W. 6 TERRACE	
STREET ADDRESS	1253 N.W. 5TH ST., # 1		STREET ADDRESS	miami; FL. 33174	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	I	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALAZAR, NUVIA M		NAME		
STREET ADDRESS	11945 SW 173 TERRA		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33177		CITY-ST-ZIP		
TITLE	I	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VARGAS, MERCEDES		NAME		
STREET ADDRESS	1143 NW 6 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33136		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  Jose Luis Gonzalez P.			04/20/04 Date Daytime Phone #		

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MOORE CR2E037 (11/03)