

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90106 030 \*\*\*\*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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0476715**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**50028771**



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

**GONZALEZ, JOSE LUIS  
9466 SW 6 TERR  
MIAMI FL 33174**

7. Name and Address of New Registered Agent

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 May 1, 2005**

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	P	<input type="checkbox"/> Delete
NAME	GONZALEZ, JOSE LUIS	
STREET ADDRESS	9466 SW 6 TERR	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMEZ, MARIA C	
STREET ADDRESS	2881 NW 87 ST	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	S	<input type="checkbox"/> Delete
NAME	GONZALEZ, GLORIA E	
STREET ADDRESS	9466 SW 6 TERR	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SALAZAR, NUVIA M	
STREET ADDRESS	11945 SW 173 TERRA	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VARGAS, MERCEDES	
STREET ADDRESS	1143 NW 6 ST	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIGIA ESCOBAR	
STREET ADDRESS	1769 N.W. 15 ST.	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/15/05**

Date

Daytime Phone #