2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002303

Entity Name: IGLESIA CENTRO DE FE, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 29800 SW 153 CT LEISURE CITY, FL 33033 **Current Mailing Address: New Mailing Address:** 29800 SW 153 CT LEISURE CITY, FL 33033 FEI Number: 65-0562067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TORRES, FRANCISCO 15623 SW 297 TERRACE LEISURE CITY, FL 33033 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TORRES, FRANCISCO Name: Name: Address: 15623 SW 297TH TERRACE Address: City-St-Zip: LEISURE CITY, FL 33033 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: PEREZ, JUANA L Name: Address: 15200 SW 184 STREET Address: City-St-Zip: MIAMI, FL 33187 City-St-Zip: Title: () Delete Title: () Change () Addition PEREZ, JOSE S Name: Name: 15200 SW 184 STREE Address: Address: City-St-Zip: MIAMI, FL 33187 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TABILO, CESAR Name: 20201 SW FRANSA ROAD Address: Address: City-St-Zip: MIAMI, FL 33089 City-St-Zip: Title: Title: () Delete () Change () Addition EUCEDA, JOSE C Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: FRANCISCO TORRES PD 04/30/2004

14535 SW 297 TERR

LEIMUE CITY, FL 33033

Address:

City-St-Zip: