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

	ANNUAL P		FILED					
DOCUMENT # N9500000746 1. Entity Name					778-48 1	Jan 21, 2005 08:00 AM Secretary of State		
IGLESIA (CRISTIANA "LA GRAN CON	MISION",	INC.					
Principal Place of Business Mailing Address					- ***	general and the second section of the second section of the second section sec		
4TH FLOOR	LLANDALE BEACH PARK FL 33023	P.Q. BO HALLA US	0X 51 NDALE FL 33008	3-Ó05t		a lajan enkk wank aanii aanii dalii aaki aanii kaalk an		
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc	Suite, Apt. #, etc.			1st M	1st MOORE CR2E037 (10/04)		
City & Stat	de	City & State			4. FEI Number	55-1113615	Applied For Not Applicable	
Zip	Country	Zip		Country	5. Certificate of St	atus Desired	Additional uired	
	6. Name and Address of Current	Registered	Agent	Name	7. Name and Add	ress of New Registered Agent	 	
HOTELANI DODEDT M								
HOFFMAN, ROBERT M 5975 SUNSET DRIVE PENTHOUSE 802				Street Add	Street Address (P.O. Box Number is Not Acceptable)			
SOUTH MIAMI FL 33143				City		FL Zip C	Code	
8. The above	named entity submits this statement f	or the purpos	e of changing its re	egistered office or re	gistered agent, or both, in	 J	ith, and accept	
the obligat	tions of registered agent.				• •	•		
SIGNATURE	Signature, typed or printed name of registered agen	t and life it probe	NOTE 1	Registered Agent signature	raquired when rejectation	DATE	·	
	Signatura, typed or printed track or registared again	a and this is adding	1401	TIEGOSTONO AGONI SIGNATURE	ogalisa mierrate a gy		रम्भ्यकेन्द्रम् स्टब्स्	
				paign Financing Intribution.	\$5.00 May Be Added to Fees	Make Check Payab Florida Department c		
10.	OFFICERS AND D	RECTORS		11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	-	
IIITE	D ESTRADA, VICTOR		Delete	TITLE NAMÉ		☐ Chan	• –	
NAME STREET ADDRESS CITY-ST-ZIP	9620 NW 3RD STREET PEMBROKE PINES FL 33024			STREET ADDRESS CITY-ST-ZIP	017	U00000189629 24/05-80102-019 61.	25	
TITLE	D		☐ Delete	TOTALE		☐ Chan	ge 🔲 Addition	
NAME STREET ADDRESS	ESTRADA, DORCAS E 9620 NW 3RD STREET			NAME STREFT ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 33024			CITY-ST-ZIP				
TITLE	s		☐ Delete	THILE		☐ Chan	ge 🔲 Additlor	
NAME	MONROY, MARCELA J			NAME				
STREET ANDRESS CITY-SE-ZIP	320 S.W. 9TH TERRACE E. HALLANDALE FL 33009			STREET AODRESS CITY-ST-ZIP				
TITLE	D		☐ Delete	TITLE	<u> </u>	☐ Chan	ge 🔲 Addition	
NAME	ALEXIS, JOHN		D0000	NAME			.	
STREET ADDRESS	612 N 30TH ROAD HOLLYWOOD FL 33021			STREET ADDRESS				
CITY-ST-ZIP	HOLLT WOOD I E 330Z1	<u>.</u>	□ Delete	CHY-ST-ZIP		Chan	ge 🗆 Addition	
TITLE NAME			L_1 Delete	NAMF		Ulay	ye 🔲 /	
CERRET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY ST - ZIP			·	
TITLE			☐ Delete	TITLE NAME		☐ Chan	ge 🔲 Arkilli.	
NAME STREET ADDRESS				STREET ADDRESS				
CITY-SI-ZIP				CITY ST-ZIF				
12. I hereby of indicated of the corchanged	certify that the information supplied wit i on this report or supplemental report reporation or the receiver or trustee emp , or on an attachment with an address,	h this filing d is true and ac nowered to en withfall other	pes not qualify for to courate and that my recute this report a like ampowered	he exemption stated v signature shall have s required by Chapt	in Section 119.07(3)(i), Fleethe same legal effect as er 617, Florida Statutes, and	orida Statutes. I further certify that the if made under oath, that I am an offind that my name appears in Block 1	ne information cer or director 0 or Block 11 if	

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: <u>//</u>