

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002842

FILED
Feb 01, 2004
Secretary of State

Entity Name: CENTRO BIBLICO EMBAJADORES DE CRISTO, INC.

Current Principal Place of Business:

1544 W 37 ST
HIALEAH, FL 33013

New Principal Place of Business:

8346 K-L. SOUTH RIVER DRIVE
MEDLEY, FL 33166 US

Current Mailing Address:

7126 LAUREL LN.
MIAMI LAKES, FL 33014 US

New Mailing Address:

FEI Number: 65-0584241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZPER, NANCY
7126 LAUREL LANE
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: GONZPER, NANCY
Address: 7126 LAUREL LANE
City-St-Zip: MIAMI LAKES, FL 33014

Title: SVD () Delete
Name: RAMOS, SAMUEL
Address: 7415 W 15 AVE
City-St-Zip: HIALEAH, FL 33014

Title: TD () Delete
Name: RAMOS, LINDA
Address: 7415 W 15 AVE
City-St-Zip: HIALEAH, FL 33014

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CORDOVA, JULIA
Address: 1770 W. 44PL. APT 110
City-St-Zip: HIALEAH, FL 33012

Title: D () Change (X) Addition
Name: CABANA, JOSE
Address: 7042 W. 30 AVE
City-St-Zip: HIALEAH, FL 33016

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.

SIGNATURE: NANCY GONZPER

PD

02/01/2004

Electronic Signature of Signing Officer or Director

Date