

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003459

Entity Name: COMUNIDAD CRISTIANA DE MIAMI, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

14901 FEATHERSTONE WAY
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

14901 FEATHERSTONE WAY
DAVIE, FL 33331

New Mailing Address:

FEI Number: 65-0595723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

URDANETA, ANNTONETTE
14901 FEATHERSTONE WAY
DAVIE, FL 33331 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: URDANETA, RODRIGO A
Address: 14901 FEATHERSTONE WAY
City-St-Zip: DAVIE, FL 33331

Title: VD () Delete
Name: JUAN, HERNANDEZ
Address: 1640 SW 83 AVENUE
City-St-Zip: MIAMI, FL 33155

Title: STD () Delete
Name: URDANETA, ANNTONETTE
Address: 14901 FEATHERSTONE WAY
City-St-Zip: DAVIE, FL 33331

Title: TREA () Delete
Name: HERNANDEZ, NERCY
Address: 1640 SW 83 AVENUE
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: URDANETA, ANNTONETTE
Address: 14901 FEATHERSTONE WAY
City-St-Zip: DAVIE, FL 33331

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

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

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: ANNTONETTE URDANETA

VD

04/29/2004

Electronic Signature of Signing Officer or Director

Date