


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000000446 1. Entity Name ERMITANOS MISIONEROS DEL PADRE CELESTIAL, INC.	
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Principal Place of Business 9795 SW 62 ST MIAMI, FL 33173	Mailing Address 9795 SW 62 ST MIAMI, FL 33173
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0669807	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOMEZ, CLAUDIA C 11776 SW 14 TERRA MIAMI, FL 33184	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, CLAUDIA C 11776 SW 14 TERRA MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENCIA, ELIZABETH E 9795 SW 62 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOOTENS, FR. ANTONIO O.P.C. 2414 SW 112 PL MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOOPER, ANDREA ODIO 11776 SW 14 TERR MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/09/04-80001-016 61.25

DO NOT WRITE
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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:  **CLAUDIA GOMEZ** 04/19/04 305-9628727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #