

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002037

FILED
Apr 10, 2004
Secretary of State**Entity Name:** DISCIPLES OF JESUS CHRIST IS THE LORD AND SAVIOR, INC.**Current Principal Place of Business:**2801 PINE ISLAND RD. NORTH, STE. 301
SUNRISE, FL 33322 US**New Principal Place of Business:****Current Mailing Address:**2801 PINE ISLAND RD. NORTH, STE. 301
SUNRISE, FL 33322 US**New Mailing Address:****FEI Number:** 65-0658001**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NINA, JOSE F REV.
2801 PINE ISLAND RD. NORTH, STE. 301
SUNRISE, FL 33322 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: NINA, JOSE F
Address: 2801 PINE ISLAND RD. NORTH, STE. 301
City-St-Zip: SUNRISE, FL 33322 US

Title: VD () Delete
Name: MIZRIKY, ERWIN J
Address: 111 SUNRISE LAKES BLVD.
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: ALARIO-NINA, MERCEDES A
Address: 2801 PINE ISLAND RD. NORTH, STE. 301
City-St-Zip: SUNRISE, FL 33322 US

Title: D () Delete
Name: RAMIREZ, MARIA DEL C
Address: 111 SUNRISE LAKES BLVD.
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: DOMINICIS, MARTHA E
Address: 2720 PINE ISLAND RD.N. #203
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: DOMINICIS, ENRIQUE J
Address: 2720 PINE ISLAND RD.N. #203
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: WILSON, BETTY Y
Address: 840N 70TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33024

Title: DS (X) Change () Addition
Name: ALARIO-NINA, MERCEDES A
Address: 2801 PINE ISLAND RD. NORTH, STE. 301
City-St-Zip: SUNRISE, FL 33322 US

Title: D (X) Change () Addition
Name: MELENDEZ, MAX L
Address: 1210 SW 12TH STREET
City-St-Zip: MIAMI, FL 33015

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: REV. JOSE F. NINA

PD

04/10/2004

Electronic Signature of Signing Officer or Director

Date