


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90085 034 ****70.00

| | | | |
|---|---------|---|---------|
| DOCUMENT # N96000002170 | |  | |
| 1. Entity Name IGLESIA DE CRISTO: LIBRES POR LA VERDAD, INC. | | | |
| Principal Place of Business 20151 NW 67TH AVE. MIAMI FL 33015 | | Mailing Address 20151 NW 67TH AVE. MIAMI FL 33015 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 65-0703844 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |



MOORE CR2E037 (11/03)

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent TABRAUE, JOSE 14001 SW 48 CT MIRAMAR FL 33027 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---------------------------------|---|--|
| TITLE President | <input type="checkbox"/> Delete | TITLE Vice-President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME TABRAUE, JOSE | | NAME Edgardo Zelaya | |
| STREET ADDRESS 14001 SW 48 CT | | STREET ADDRESS 17220 NW 82 Avenue | |
| CITY-ST-ZIP MIRAMAR FL 33027 | | CITY-ST-ZIP Miami Fl. 33015 | |
| TITLE D | <input type="checkbox"/> Delete | TITLE Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME RIVERA, HERIBERTO | | NAME Jose Pe Uier | |
| STREET ADDRESS 20523 NW 47 AVE. | | STREET ADDRESS 20018 NW 52 Ave | |
| CITY-ST-ZIP CORAL CITY FL 33055 | | CITY-ST-ZIP Corol city, FL. 33055 | |
| TITLE ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CARRATALA, MILTON | | NAME | |
| STREET ADDRESS 7833 NW 192 ST | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL 33015 | | CITY-ST-ZIP | |
| TITLE T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PATEL, ANA L | | NAME | |
| STREET ADDRESS 510 NW 108 ST. | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL 33168 | | CITY-ST-ZIP | |
| TITLE S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CONTRERAS, GLORIA | | NAME | |
| STREET ADDRESS 7080 NW 179 ST #205 | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL 33015 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: Gloria Contreras **Gloria Contreras** 1/27/04 305-624-5767
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #