

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90060 014 \*\*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0703844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TABRAUE, JOSE  
14001 SW 48 CT  
MIRAMAR FL 33027

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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	P	<input type="checkbox"/> Delete
NAME	TABRAUE, JOSE	
STREET ADDRESS	14001 SW 48 CT	
CITY- ST- ZIP	MIRAMAR FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, HERIBERTO	
STREET ADDRESS	20523 NW 47 AVE.	
CITY- ST- ZIP	CORAL CITY FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINELL, FREDDY	
STREET ADDRESS	11201 S W 55TH STREET	
CITY- ST- ZIP	MIRAMAR FL 33024	
TITLE	T	<input type="checkbox"/> Delete
NAME	PATEL, ANA L	
STREET ADDRESS	510 NW 108 ST.	
CITY- ST- ZIP	MIAMI FL 33168	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONTRERAS, GLORIA	
STREET ADDRESS	7080 NW 179 ST #205	
CITY- ST- ZIP	MIAMI FL 33015	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ZELAYA, EDGARDO	
STREET ADDRESS	17220 NW 82 AVENUE	
CITY- ST- ZIP	MIAMI FL 33015	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rivera Heriberto	
STREET ADDRESS	20523 NW 47 AVE	
CITY- ST- ZIP	MIRAMAR FL 33055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/8/07 305 621-1422*  
Date Daytime Phone #