


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90307 004 \*\*\*\*61.25

**DOCUMENT # N96000004143**

1. Entity Name  
**IGLESIA DE CRISTO MIEL GENESIS SHALOM, INC.**



Principal Place of Business  
**1591 WILSON BLVD. NORTH  
 NAPLES, FL 34120**

Mailing Address  
**1591 WILSON BLVD. NORTH  
 NAPLES, FL 34120**

**94055947**



2. Principal Place of Business  
**2801 County Barn Rd.**

3. Mailing Address  
**3240 18 Ave NE**

Suite, Apt. #, etc.

04052004 Chg-NP CR2E037 (10/03)

City & State  
**Naples, Fl.**

City & State  
**Naples Fl.**

Zip  
**34112**

Zip  
**34120**

Country

4. FEI Number  
**65-0686278**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LEONI, VICTOR E  
 1591 WILSON BLVD. NORTH  
 NAPLES, FL 34120**

**7. Name and Address of New Registered Agent**

Name  
**LEONI, VICTOR E.**

Street Address (P.O. Box Number is Not Acceptable)  
**3240 18 Ave NE**

City  
**Naples, Fl.**

FL Zip Code  
**34120**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent; or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE **4.5.04**

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.  **\$5.00 May Be Added to Fees**

**Make check payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEONI, VICTOR E 1591 WILSON BLVD. N NAPLES, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEONI, XIOMARA B 1591 WILSON BLVD. N NAPLES, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PÉREZ, ALVIN 1591 WILSON BLVD. N NAPLES, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **4.5.04**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #