2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004448

FILED Feb 03, 2004 Secretary of State

Entity Name: IGLESIA MISIONERA CASA DE ORACION DE ORLANDO, INC.

Current Principal Place of Business: New Principal Place of Business:

3839 WINTER ROSE DRIVE ORLANDO, FL 32808 US

Current Mailing Address: New Mailing Address:

P.O. BOX 593804 ORLANDO, FL 32859

FEI Number: 59-3430229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIVERA, JOE
2655 ARPANA COURT
ORLANDO, FL 32839 US
RIVERA, JOSEPH
2655 ARPANA COURT
ORLANDO, FL 32839 US

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: JOSEPH RIVERA 02/03/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 RIVERA, JOE
 Name:
 RIVERA, JOSEPH

 Address:
 2655 ARPANA CT
 Address:
 2655 ARPANA CT

 City-St-Zip:
 ORLANDO, FL 32839 US
 City-St-Zip:
 ORLANDO, FL 32839 US

Title: DV () Delete Title: () Change () Addition

 Name:
 RIVERA, KATHERINE
 Name:

 Address:
 2655 ARPANA CT
 Address:

 City-St-Zip:
 ORLANDO, FL 32839 US
 City-St-Zip:

Title: DS () Delete Title: () Change () Addition

 Name:
 CASTILLO, CARMEN L
 Name:

 Address:
 2100 S CONWAY RD., APT B-8
 Address:

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:

 $\label{eq:title:Title:Title:TR} {\sf Title:} \qquad {\sf Title:} \qquad {\sf TR} \qquad ({\sf X}) \ {\sf Change} \ (\) \ {\sf Addition}$

 Name:
 PICCARD, EDFRIDA
 Name:
 QUILES, MAYRA M

 Address:
 3489 FOX HOLLOW DRIVE
 Address:
 12738 MARIBOU CIRCLE

 City-St-Zip:
 ORLANDO, FL 32829
 City-St-Zip:
 ORLANDO, FL 32828

Title: C () Delete Title: TR (X) Change () Addition

 Name:
 ESQUERDO, JÓSE
 Name:
 ESQUERDO, JÓSE

 Address:
 145 N LAKE AVENUE
 Address:
 145 N LAKE AVENUE

 City-St-Zip:
 APOPKA, FL 32703
 City-St-Zip:
 APOPKA, FL 32703

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: JOSEPH RIVERA PD 02/03/2004