

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

**FILED  
Apr 26, 2004  
Secretary of State**

DOCUMENT# N97000002085

Entity Name: CENTRO DE ADORACION ADONAI, INC.

**Current Principal Place of Business:**

1251 FROMAGE WAY  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 350703  
JACKSONVILLE, FL 32235 US

**New Mailing Address:**

FEI Number: 59-3466747      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FERNANDEZ, HECTOR REV  
11126 WINDHAVEN DR. S.  
JACKSONVILLE, FL 32225 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: D      ( ) Delete  
Name: FERNANDEZ, HECTOR REV  
Address: 11126 WINDHAVEN DR. S  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D      ( ) Delete  
Name: FERNANDEZ, DELBIS N.  
Address: 11126 WINDHAVEN DR. S  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D      ( ) Delete  
Name: ROSARIO, RITA  
Address: 6219 PINELOCK DR.  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D      ( ) Delete  
Name: CRUZ, NELSON  
Address: 2334 MISTY DR  
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: D      (X) Change ( ) Addition  
Name: WHITE, DAN DR.  
Address: 4019 WINDSOR PARK DR. E  
City-St-Zip: JACKSONVILLE, FL 32224

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: DELBIS N. FERNANDEZ

D

04/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date