


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

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90003 007 ****61.25

DOCUMENT # N97000005835 1. Entity Name IGLESIA CRISTIANA DE DELTONA (DISCIPLES OF CHRIST) INC.																																																																																																																																									
Principal Place of Business 1596 ENTERPRISE OSTEEN ENTERPRISE FL 32725 US			Mailing Address 1596 ENTERPRISE OSTEEN ENTERPRISE FL 32725 US																																																																																																																																						
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																						
City & State			City & State																																																																																																																																						
Zip		Country		4. FEI Number 59-3420362																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent CORTES, DAVID 2972 PORTSMOUTH ST DELTONA FL 32738				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																					
Make Check Payable to Florida Department of State																																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MD DUGUE, AWILDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1726 PINE AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DELAND FL 32724</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RODRIGUEZ, HECTOR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3114 LYNNHAVEN ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DELTONA FL 32738</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FSD REYES, AMERICA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>714 PRESTON AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DELTONA FL 32738</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DUGUE, JOSE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1726 PINE AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DELAND FL 32724</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FSD Beatrice Cedeño</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>665 Hayman Ct,</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DeBary, FL 32724</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	NAME	MD DUGUE, AWILDA		STREET ADDRESS	1726 PINE AVE		CITY - ST - ZIP	DELAND FL 32724		TITLE	NAME	<input type="checkbox"/> Delete	NAME	RODRIGUEZ, HECTOR		STREET ADDRESS	3114 LYNNHAVEN ST		CITY - ST - ZIP	DELTONA FL 32738		TITLE	NAME	<input checked="" type="checkbox"/> Delete	NAME	FSD REYES, AMERICA		STREET ADDRESS	714 PRESTON AVE		CITY - ST - ZIP	DELTONA FL 32738		TITLE	NAME	<input type="checkbox"/> Delete	NAME	DUGUE, JOSE		STREET ADDRESS	1726 PINE AVE		CITY - ST - ZIP	DELAND FL 32724		TITLE	NAME	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FSD Beatrice Cedeño		STREET ADDRESS	665 Hayman Ct,		CITY - ST - ZIP	DeBary, FL 32724		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete																																																																																																																																							
NAME	MD DUGUE, AWILDA																																																																																																																																								
STREET ADDRESS	1726 PINE AVE																																																																																																																																								
CITY - ST - ZIP	DELAND FL 32724																																																																																																																																								
TITLE	NAME	<input type="checkbox"/> Delete																																																																																																																																							
NAME	RODRIGUEZ, HECTOR																																																																																																																																								
STREET ADDRESS	3114 LYNNHAVEN ST																																																																																																																																								
CITY - ST - ZIP	DELTONA FL 32738																																																																																																																																								
TITLE	NAME	<input checked="" type="checkbox"/> Delete																																																																																																																																							
NAME	FSD REYES, AMERICA																																																																																																																																								
STREET ADDRESS	714 PRESTON AVE																																																																																																																																								
CITY - ST - ZIP	DELTONA FL 32738																																																																																																																																								
TITLE	NAME	<input type="checkbox"/> Delete																																																																																																																																							
NAME	DUGUE, JOSE																																																																																																																																								
STREET ADDRESS	1726 PINE AVE																																																																																																																																								
CITY - ST - ZIP	DELAND FL 32724																																																																																																																																								
TITLE	NAME	<input type="checkbox"/> Delete																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
TITLE	NAME	<input type="checkbox"/> Delete																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME	FSD Beatrice Cedeño																																																																																																																																								
STREET ADDRESS	665 Hayman Ct,																																																																																																																																								
CITY - ST - ZIP	DeBary, FL 32724																																																																																																																																								
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
TITLE	NAME	<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 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: <u><i>Awilda Dugue</i></u> <u><i>Awilda Dugue</i></u> <u><i>386 717-8156</i></u>																																																																																																																																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																									