

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2005  
Secretary of State**

DOCUMENT# N98000002085

Entity Name: IGLESIA DE JESUCRISTO "LA SANA DOCTRINA" MINISTERIO INTERNACIONAL INC.

**Current Principal Place of Business:**

16464 SW 139 CT  
MIAMI, FL 33177 US

**New Principal Place of Business:**

**Current Mailing Address:**

16464 SW 139 CT  
MIAMI, FL 33177 US

**New Mailing Address:**

FEI Number: 65-0831344      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

NEVOT, LAZARO P  
16464 SW 139 CT  
MIAMI, FL 33177 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: P ( ) Delete  
Name: NEVOT, LAZARO  
Address: 16464 SW 139 CT  
City-St-Zip: MIAMI, FL 33177

Title: V ( ) Delete  
Name: NEVOT, ROSARIO  
Address: 16464 SW 139 CT  
City-St-Zip: MIAMI, FL 33177

Title: T ( ) Delete  
Name: CERNUDA, AMERICA  
Address: 13708 SW 9 ST  
City-St-Zip: MIAMI, FL 33184

Title: T (X) Delete  
Name: BENK, SONIA  
Address: 1567 SW 136 PLACE  
City-St-Zip: MIAMI, FL 33184

Title: T ( ) Delete  
Name: MORALES, ZAIDA F  
Address: 1280 SW 142 AVE  
City-St-Zip: MIAMI, FL 33184

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

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

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: LAZARO NEVOT

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date