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

Feb 04, 2004 8:00 am **Secretary of State** DOCUMENT # N98000002355 1. Entity Name 02-04-2004 90065 016 ****61.25 IGLESIA LUTERANA "MONTE DE SION" INC. Principal Place of Business Mailing Address 660 E. 41ST STREET HIALEAH FL 33013 660 E. 41ST STREET HIALEAH FL 33013 24007447 3. Mailing Address 2. Principal Place of Bysiness Suite, Apt. #, etc Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For 41-1568278 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Dael 11 MESA, ESTEBAN REV Street Address (P.O. Box Number is Not Acceptable) 1024 SW 44 AVE **MIAMI FL 33134** City Zip Code 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 age FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Addition TITLE Delete MESA, ESTEBAN NAME NAME 660 E. 41ST ST. STREET ADDRESS STREET ADDRESS HIALEAH FL 33013 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition MESA, MIRIAN NAME NAME 660 E. 41ST ST. STREET ADDRESS STREET ADDRESS HIALEAH FL 33013 CITY-ST-71P CITY-ST-7/P TITLE Change TITLE ☐ Delete Addition MENDEZ, JUAN NAME NAME 555 E. 33 ST. STREET ADDRESS STREET ADDRESS **ララ**ロノう HIALEAH FL 33013 CITY-ST-ZIP CITY-ST-ZIP Πη Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STRFET ADDRESS CITY-ST-ZIP 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.

RIGHATURE AND TREED OFF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #