


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

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90045 017 \*\*\*\*61.25

**DOCUMENT # N98000003016**

1. Entity Name  
**IGLESIA CRISTIANA REFUGIO DE AMOR, INC.**



Principal Place of Business  
**3814 NW 2 AVENUE**  
**MIAMI, FL 33127**

Mailing Address  
**4881 GRIFFIN ROAD**  
~~311 Apt. 319~~  
**DAVIE, FL 33314**

**94033234**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03132004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**65-0854773**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FONTANEZ, JORGE L**  
**4881 GRIFFIN RD**  
~~NO 311 Apt. 319~~  
**DAVIE, FL 33314**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	FONTANEZ, JORGE L	
STREET ADDRESS	4881 GRIFFIN RD NO 311	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	FONTANEZ, OTONIEL	
STREET ADDRESS	4471 SW 52 CT APT 7	
CITY-ST-ZIP	DANIA BEACH, FL 33314	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ARBITO, TERESA	
STREET ADDRESS	4471 SW 52 CT APT 7	
CITY-ST-ZIP	DANIA BEACH, FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fontanez, Jorge L.	
STREET ADDRESS	4881 Griffin Road, Apt. 319	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fontanez, Otoniel	
STREET ADDRESS	617 North H Street	
CITY-ST-ZIP	Lake Worth, FL 33460	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vega, Sarahis	
STREET ADDRESS	396 NE 110th Street	
CITY-ST-ZIP	Miami, FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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:** Jorge L. Fontanez **3-18-04** **(954) 683-0968**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #