


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90099 019 \*\*\*\*70.00

**DOCUMENT # N98000003687**

1. Entity Name  
**IGLESIA CRISTO TE AMA INC.**



Principal Place of Business  
**1900 SR 64 W.  
 AVON PARK, FL 33825**

Mailing Address  
**4221 CAPRI ST.  
 SEBRING, FL 33872**

**J4UBUJ8Z**



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

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

07012004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-3520824**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**GARCIA, CANDIDO  
 4221 CAPRI ST.  
 SEBRING, FL 33872**

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 September 8, 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	T	<input type="checkbox"/> Delete
NAME	CARDONA, HILDA E	
STREET ADDRESS	2330 JACKSON HEIGHTS DR	
CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	T	<input type="checkbox"/> Delete
NAME	DE LA ROSA, MARIA T	
STREET ADDRESS	901 S FLORIDA AVE APT 17	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, CANDIDO REV	
STREET ADDRESS	4221 CAPRI ST	
CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, SANDRA	
STREET ADDRESS	11800 US 27 SOUTH	
CITY-ST-ZIP	SEBRING, FL 33870	
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		<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	S	
STREET ADDRESS	MYRNA MORALES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	11800 US 27 S SEBRING FL 33876	
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 an other like empowered.

**SIGNATURE:** *Candido Garcia* **Candido Garcia** **7/6/04** **863-471-6895**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #