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

FILED
Feb 06, 2004 8:00 am
Secretary of State
02-06-2004 90016 018 ****70.00

DOCUMENT # N98000004496

1. Entity Name

IGLESIA TABERNACULO DE JESUCRISTO H.C., INC.

Principal Place of Business	Mailing Address
415 N MAIN STREET KISSIMMEE FL 34744	11113 LAXTON ST ORLANDO FL 32824

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3528927 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAMOS, ERNESTO 11113 LAXTON ST ORLANDO FL 32824	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)

FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAMOS, ERNESTO 3270 FAIRHAVEN AVE KISSIMMEE FL 34746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAMOS, ERNESTO 11113 LAXTON STREET ORLANDO, FL 32824	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAMOS, RAMONA 3270 FAIRHAVEN AVE KISSIMMEE FL 34746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RAMOS, GABRIEL 2442 AUGUSTA WAY KISSIMMEE, FL 34744	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LUNA, SIKTO L 1428 DORADO DRIVE, APT A KISSIMMEE FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RAMOS, MARISOL 2442 AUGUSTA WAY KISSIMMEE, FL 34744	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LUNA, MARTA N 3240 FAIRHAVEN AVE KISSIMMEE FL 34746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VIS RAMOS, RAMONA 11113 LAXTON ST ORLANDO, FL 32824	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMOS, GABRIEL 2442 AUGUSTA WAY KISSIMMEE FL 34746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUNA, SIXTO L 3240 FAIRHAVEN AVE KISSIMMEE, FL 34744	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C HOLNESS, MARCUS A 4120 VISTA LAGOS CIRCLE KISSIMMEE, FL 34741	☐ Change ☒ Addition

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: _____ 1-27-04 407-856-0902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DF N980000446
9401083

P — ERNESTO RAMOS
VP — GABRIEL RAMOS
D — SIXTO LUNA
T — MARISOL RAMOS
S — MARTA LUNA
V/S — RAMONA RAMOS
C — MARCOS A HOINESS