

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

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000007289**  
 1. Entity Name  
**SEVENTH DAY ADVENTIST CHURCH OF BOCA RATON, INC.**



Principal Place of Business 9087 GLADES ROAD BOCA RATON, FL 33434	Mailing Address 642 NW 13 ST, #37 BOCA RATON, FL 33486
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**DO NOT WRITE IN THIS SPACE**



02152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0882067	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MENDEZ, OSVALDO  
 642 NW 13 ST., #37  
 BOCA RATON, FL 33486

**DO NOT WRITE IN THIS SPACE**

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

U00000057903  
 02/20/04-80008-010 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LABRADOR, JULIO 1560 NW 5 ST BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GONZALEZ, JUAN 5232 NW 5TH AVE FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MENDEZ, OSVALDO 642N W 13ST #37 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Osvaldo Mendez      2-15-04      (561) 306 3502  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #