


FILED  
May 31, 2005 8:00 am  
Secretary of State

04-28-2005 90219 009 \*\*\*\*70.00

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N99000001010			
1. Entity Name MIAMI DADE AREA SEVENTH-DAY ADVENTIST CHURCH REFORM MOVEMENT, INTERNATIONAL MISSIONARY SOCIETY,			
Principal Place of Business 528 SW 1ST #2 MIAMI, FL 33130		Mailing Address 528 SW 1ST #2 MIAMI, FL 33130	
2. Principal Place of Business 1800 S.W. 9 Street Suite, Apt. #, etc.		3. Mailing Address 1800 S.W. 9 Street Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33135	Country	Zip 33135	Country
4. FEI Number 84-0706740		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALEJANDRO, PENA 1800 S.W. 9 STREET MIAMI, FL 33135-5702		7. Name and Address of New Registered Agent Name ORESTES BRITO Street Address (P.O. Box Number is Not Acceptable) 1800 S.W. 9 Street. City MIAMI FL Zip Code 33135	
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: <u>Orestes Brito</u> Director <u>05/25/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D ALEJANDRO, PENA 528 SW 1ST #2 MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORESTES BRITO 1800 S.W. 9 Street Miami, FL 33135 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, EVELYN 1120 W. 77 ST #2 HIALEAH, FL 33014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELSA, TAPIA 916 SW 18 AVE MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEVEDO, AMANDA 2742 SW 5TH ST. APTD REAR MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04-12-2005 305)643-1392 Date Daytime Phone #	