


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000002910</b> 1. Entity Name IGLESIA DE CRISTO MISIONERA EL TABERNACULO, INC.	
---	---

Principal Place of Business 2609 LEZ LANE KISSIMMEE, FL 34744	Mailing Address 2609 LEZ LANE KISSIMMEE, FL 34744
---	---

DO NOT WRITE IN THIS SPACE



01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3626986</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

RIOS, VICTOR  
2609 LEZ LANE  
KISSIMMEE, FL 34744

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIOS, VICTORS 2609 LEZ LANE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SERRANO, RUBEN 407 SEA WILLOW DRIVE KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELIEZER, RIOS 2609 1SY LANE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SERRADO, ZAIDA 1008 BRACK STREET KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEREZ, NANCY 2609 LIZ LANE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIOS, ANA DELIA 2609 LIZ LANE KISSIMMEE, FL 34744

DO NOT WRITE  
IN THIS SPACE

000000178853  
01/12/05-80046-001 61.25

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 charged, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Victor Rios **4/8/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #