

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90209 032 ****66.25

DOCUMENT # N99000003190
 1. Entity Name
IGLESIA CRISTIANA JOSUE, INC.



Principal Place of Business Mailing Address
1490 NW FLAMINGO ROAD **PO BOX 450273**
PLANTATION, FL 33323 **SUNRISE, FL 33345-0273**

54039169



02062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0931147 | 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
CALLES, RICARDO
3541 NW 95TH TERR
#201
SUNRISE, FL 33351

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RIVERA, CARMEN 4530 N HIATUS RD #101 SUNRISE, FL 33351 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARCE, MARTHA 4530 N HIATUS RD #101 SUNRISE, FL 33351 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CASTRO, ROSA 4501 NW 103RD AVE #103 SUNRISE, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REYES, CARLOS 1490 NW FLAMINGO ROAD PLANTATION, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CASTRO, ROSA 357 NW 87TH TERRACE #357 PLANTATION, FL 33324 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEPAZ, FERNANDO I 1490 NW FLAMINGO ROAD PLANTATION, FL 33323 |

DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 (954) 457-2655 x 407
Date Daytime Phone #