

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

FILED
Sep 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006060

1. Entity Name
IGLESIA DE DIOS FUEGO DE JEHOVA, INC.



Principal Place of Business
4141 NORTH MIAMI AVENUE
B150
MIAMI, FL 33133

Mailing Address
117 NW 41 STREET
MIAMI, FL 33127



05052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, MONSERRATE
117 N.W. 41 STREET
MIAMI, FL 33127

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1100000172150

09/13/04-80001-018 61.25

10. OFFICERS AND DIRECTORS

**DO NOT WRITE
IN THIS SPACE**

TITLE PD
NAME HERNANDEZ, MONSERRATE REV.
STREET ADDRESS 117 N.W. 41 STREET
CITY-ST-ZIP MIAMI, FL 33127

TITLE VD
NAME HERNANDEZ, MARIA MRS
STREET ADDRESS 117 N.W. 41 STREET
CITY-ST-ZIP MIAMI, FL 33127

TITLE STD
NAME HERNANDEZ, ERMENIA MRS
STREET ADDRESS 172 NW 26 STREET
CITY-ST-ZIP MIAMI, FL 33127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/04

Date

305573-8333

Daytime Phone #