2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

PILEU PISION OF CORPORATIO:

DOCUMENT # N99000006710				and on Arrive
1. Entity Name CHISPA UNITED METHODIST MISSION, INC.			fa.	04 FEB 16 AM 10:52
CHISPA UNITED METHODIST MIGGICIT, INC.				
			Con we	02/09/01 90223 024 \$150.00 *** \$55.00 OVERPAYMENT FROM 2001 APPLIED TO
Principal Place of Business Mailing Address				2004 AR . SPT
3024 NW 79 AVE.		3024 NW 79 AVE. MIAMI, FL 33122		05/16/02 90078 009 \$150.00 *** \$15.00
MIAMI, FL 33	1122	ויוואויון וב אאוצב		OVERPAYMENT FROM 2002 APPLIED TO
			w=- <u>-</u>	2004 A34 B2T 11 11 11 11 11 11 11 11 11 11 11 1
2. Principal Place of Business		3. Mailing Address		20 13384 DE 1865 1860 EEN 1810 9340 EEN 1800 EN 1800 1800 1800 1800 1800 1800 1800 180
Suite, Apt. #, etc.		Suite, Apt. #, etc.		—-¬ -Z—
dute, Apt. #, etc.				Oligital States (10100)
City & State		City & State		4. FEI Number Applied For 65-1025775 Not Applicable
		Zip	Country	SQ 75 Additional
Zip	Country	219	County	5. Certificate of Status Desired Fee Required
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent
Name -Edh				Idher W. Cifuentes
MORA, ANGEL F 8241 SW 13 TERR.			Street Ad	dress (P.O. Box Number is Not Acceptable)
MIAMI, FL 33144			1428	30 S.W. 38 Street
			110.1	
			City Mi	ami FL 33175
		on the purpose of changing its re	gistered office or r	registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligati	ons of registered agant.	4 } _		1 1 ,
02/12/04				
SIGNATURE Signature, typed of britted period togistrated agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE				
		a Shakaa Cama	nian Financina	S5 00 May Bo Make check payable to
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co		\$5.00 May Be Make check payable to
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	D OFFICEIS AND E	Defete	TITLE	Trustee □ Change ☑ Addition
NAME	MORA, ANGEL F		NAME	Felix Morales
STREET ADDRESS	8241 SW 13 TERR.		STREET ADDRESS	1931 S.W. 82nd. Pl.
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP	Miami, Fl. 33155 ☐ Change ☐ Addition
TITLE NAME	D PEREZ, DANIEL	☐ Delete	TITLE NAME	Daniel Perez Address
STREET ADDRESS	173 ALHAMBRA WAY	,	STREET ADDRESS	1950 W.54 Street Apt.202
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	Hialeah, Fl. 33012
TITLE	D	☐ Delete	TITLE	Change Addition
NAME	MORA, MAYDA M PASTOR		NAME STREET ADDRESS	•
∠street address : City+st-zip	-1921.S.W. 82ND PLACE	<u> </u>	CITY-ST-ZIP	and the first the state of the
TITLE	TD	☐ Celete	TITLE	Change Addition
NAME	CIFUENTES, EDHER W		NAME	Alfredo Maya
STREET ADDRESS	14280 SW 38 STREET		STREET ADDRESS CITY-ST-ZIP	21343 S.W. 128 Pl. Miami 33177
CITY-ST-ZIP	MIAMI, FL 33175			
TITLE NAME	SD MORALES, DEISY	Delete	TITLE NAME	pecterally
STREET ADDRESS	2635 SW 82ND AVE		STREET ADDRESS	Maday M. Mora
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	8241 S.W.13 Terrace
TITLE		☐ Delete	TITLE	Miami, Fl. 33144 ☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filling 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 frustee 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.				
changed	Y /h/.	34		
SIGNATURE:				
SHANATURE AND TYPED OR PRINTED NAME OF FIGNING OFFICER OR DIRECTOR Date Caytime Phone I				