

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90045 033 \*\*\*\*70.00



**DOCUMENT # N99000007178**  
1. Entity Name  
**JESUS EL BUEN PASTOR INC.**

Principal Place of Business: **7112 N FLORIDA AVENUE TAMPA FL 33604-4834**  
Mailing Address: **PO BOX 82405 TAMPA FL 33682**



MOORE CR2E037 (11/03)

2. Principal Place of Business: **11900 N NEBRASKA AVE**  
3. Mailing Address: [Blank]  
Suite, Apt. #, etc.: **# 2**

City & State: **TAMPA, FL**  
City & State: [Blank]  
Zip: **33612**  
Country: [Blank]

4. FEI Number: **59-3623597**  
Applied For: [Blank]  
Not Applicable: [Blank]  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**QUINONES, IRIS D  
21632 STATE ROAD 54, #5  
LUTZ FL 33549-6914**

7. Name and Address of New Registered Agent  
Name: **Quinones, Iris D**  
Street Address (P.O. Box Number is Not Acceptable): **35080 Arbor St**  
City: **Dade City** FL Zip Code: **33523**

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)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS   |                                 |
|--|---------------------------------|
| TITLE: <b>D</b><br>NAME: <b>QUINONES, JUAN C</b><br>STREET ADDRESS: <b>21632 STATE ROAD 54, #5</b><br>CITY-ST-ZIP: <b>LUTZ FL 33549-6914</b> | <input type="checkbox"/> Delete |
| TITLE: <b>T</b><br>NAME: <b>VELEZ, IRIS C</b><br>STREET ADDRESS: <b>1307E, 127ST., APT F</b><br>CITY-ST-ZIP: <b>TAMPA FL 33612</b>           | <input type="checkbox"/> Delete |
| TITLE: <b>T</b><br>NAME: <b>QUINONES, IRIS</b><br>STREET ADDRESS: <b>21632 STATE ROAD 54, #5</b><br>CITY-ST-ZIP: <b>LUTZ FL 33549-6914</b>   | <input type="checkbox"/> Delete |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]   | <input type="checkbox"/> Delete |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]   | <input type="checkbox"/> Delete |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]   | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
|---|--|
| TITLE: <b>D</b><br>NAME: <b>Quinones, Juan C</b><br>STREET ADDRESS: <b>35080 Arbor St</b><br>CITY-ST-ZIP: <b>Dade City, FL 33543</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: <b>T</b><br>NAME: <b>Velez, Iris C</b><br>STREET ADDRESS: <b>12402 N 15TH ST, APT F</b><br>CITY-ST-ZIP: <b>Tampa, FL 33612</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: <b>T</b><br>NAME: <b>Quinones, Iris</b><br>STREET ADDRESS: <b>35080 Arbor St</b><br>CITY-ST-ZIP: <b>Dade City, FL 33543</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]  | <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: [Signature] **4/5/04** (352) 583-5360  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #