

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2004 8:00 am
Secretary of State

06-17-2004 90003 002 ****61.25

DOCUMENT # 757433
 1. Entity Name
CHURCH IN DADE COUNTY, INC.



Principal Place of Business
 1425 SW 92 COURT
 MIAMI, FL 33174

Mailing Address
 2921 SW 117TH CT
 MIAMI, FL 33175-2436

54057809



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
15256 SW 25 TERR
 Suite, Apt. #, etc.
MIAMI
 City & State
FL
 Zip
33185

06082004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0199248

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

6. Name and Address of Current Registered Agent

PEDREGUERA, ALINA
 2921 SW 117TH CT
 MIAMI, FL 33175-2436

7. Name and Address of New Registered Agent

Name **PEDREGUERA, ALINA**
 Street Address (P.O. Box Number is Not Acceptable)
15256 SW 25 TERR
 City **MIAMI** FL Zip Code **33185**

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 September 8, 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	PD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, MARIA	
STREET ADDRESS	158 S.W. 96TH CT.	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRIETO, ANA O	
STREET ADDRESS	1425 SW 92ND CT	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PEREGUERA, ALINA	
STREET ADDRESS	2921 SW 117TH CT	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDREGUERA, ALINA	
STREET ADDRESS	15256 SW 25 TERRACE	address
CITY-ST-ZIP	MIAMI, FL. 33185	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Alina Pedreguera* **6/4/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #