


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

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000003795**

1. Entity Name  
**IGLESIA EVANGELICA EL TABOR DE INTERSECCION CITY, INC.**



Principal Place of Business <b>5621 ORANGE AVENUE          INTERSECCION CITY, FL 33848 US</b>	Mailing Address <b>P.O. BOX 502          INTERSECCION CITY, FL 33848 US</b>
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**DO NOT WRITE IN THIS SPACE**



07202004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3732282</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent

**TORRES, JUAN  
 2203 GATWICH CT.  
 KISSIMMEE, FL 34743**

**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 September 8, 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	PD RIVERA, SARA I P.O. BOX 502 INTERSECCION CITY, FL 33848
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUADALUPE, SAUL P.O. BOX 502 INTERSECCION CITY, FL 33848
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TORRES, JUAN P.O. BOX 502 INTERSECCION CITY, FL 33848
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000168439  
 07/26/04-80013-020 61.25

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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:** Juan Torres **7-23-04** (407)3488552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #