

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003164

FILED
Oct 01, 2004
Secretary of State**Entity Name:** EVANGELICAL CHURCH OF RECONCILIATION INC.**Current Principal Place of Business:**495 NW 191 ST
2ND FLOOR
MIAMI, FL 33169**New Principal Place of Business:****Current Mailing Address:**525 NE 126TH ST.
N. MIAMI, FL 33161**New Mailing Address:**495 NW 191 ST
2ND FLOOR
MIAMI, FL 33169**FEI Number:** 01-0675850**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BELHOMME, VITER-LOUIS
525 NE 126TH ST.
N. MIAMI, FL 33161 US**Name and Address of New Registered Agent:**BELHOMME, VITER-LOUIS
14555 NE 6TH AVE
APT.#217
N. MIAMI, FL 33161 US

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.

SIGNATURE: VITER LOUIS ELHOMME

10/01/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BELHOMME, VITER-LOUIS
Address: 525 NE 126TH ST.
City-St-Zip: N. MIAMI, FL 33161

Title: ST () Delete
Name: BERNALID, JEAN
Address: 16020 NE 5TH AVE
City-St-Zip: MIAMI, FL 33162

Title: T () Delete
Name: JELIDY, ELINE
Address: 14175 NE 6TH AVE
City-St-Zip: MIAMI, FL 33161

Title: VP () Delete
Name: BELHOMME, CARLINE
Address: 525 NE 126 CT
City-St-Zip: MIAMI, FL 33161

Title: YM () Delete
Name: AUGUSTE, NALURTHA
Address: 545 NW 116 TERRACE
City-St-Zip: MIAMI, FL 33168

Title: WMD () Delete
Name: DERONETH, RUTH
Address: 1650 NE 135 ST #703
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BELHOMME, CARLINE
Address: 14555 NE 6TH AVE #217
City-St-Zip: MIAMI, FL 33161

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH DERONETH

D

10/01/2004

Electronic Signature of Signing Officer or Director

Date