


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 733308**  
1. Entity Name  
**IGLESIA EVANGELICA JESUS LA LUZ DE MUNDO INC.**



Principal Place of Business      Mailing Address  
**5841 LEE ST.  
HOLLYWOOD, FL 33021-3840**      **5841 LEE ST.  
HOLLYWOOD, FL 33021-3840**

**DO NOT WRITE IN THIS SPACE**



01172006 No Chg-NP      CR2E037 (11/05)  
4. FEI Number      Applied For  
**65-0200942**      Not Applicable  
5. Certificate of Status Desired       **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent  
**BURRION, OTONIEL  
2215 SW 58 AVE  
HOLLYWOOD, FL 33023**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when rechartering) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	LISCANO, JUAN P
STREET ADDRESS	5841 LEE ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	NEHEMIAS, BURRION
STREET ADDRESS	5841 LEE ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	PD
NAME	BURRION, OTONIEL
STREET ADDRESS	5841 LEE ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/23/06 80045-006 01.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:       03-09-06      (954) 981-8404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #