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

DOCUMENT # N00000005082

1. Entity Name
IGLESIA PENTECOSTAL DE JESUCRISTO LA NUEVA



Mar 09, 2006 8:00 am Secretary of State

03-09-2006 90149 008 ****70.00

FILED

JERUSAI	LEN, INC.							
1014 FLORIDA PARKWAY 101		Mailing Address 1014 FLORIDA PARKWA KISSIMMEE, FL 34743	014 FLORIDA PARKWAY					
2. Principal Place of Business 3.		3. Mailing Address	J. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP CR2E	037 (11/05)		
City & State		City & State		4. FEI Number 59-323447	4 ,	_ 	plied For	
Zip _.	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require	litional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered	Agent		
ABREU, JUAN E			Name	Name				
1014 FLORIDA PARKWAY KISSIMMEE, FL. 34743			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	,						·	
			City		FI	Zip Code	9	
8. The above	named entity submits this statement fo	the purpose of changing its r	egistered office or regis	stered agent, or both, in	the State of Florida. I an	n familiar with,	and accept	
the obligat	tions of registered agent.)						
SIGNATURE				_				
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	aired when reinstating)	DATE			
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.		Make che Florida Depa	ck payable to		
10. OFFICERS AND DIRECTORS		ECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	10	
TITLE NAME	PD DELGADO, ABEL	☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS	1014 FLORIDA PARKWAY		NAME Street Address					
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP					
TITLE	S	☐ Delete						
NAME		L. Dake	TITLE			☐ Change	Addition	
STREET ADDRESS	GONZALEZ, ENOC	C. Delde	NAME			☐ Change	☐ Addition	
STREET ADDRESS City-St-Zip	1014 FLORIDA PARKWAY KISSIMMEE, FL 34743	ा ज्यात				☐ Change	Addition	
	1014 FLORIDA PARKWAY	□ Delete	NAME STREET ADORESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME	1014 FLORIDA PARKWAY KISSIMMEE, FL 34743 TD LUYANDA, PRICILLA		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			_ v		
CITY-ST-ZIP	1014 FLORIDA PARKWAY KISSIMMEE, FL 34743 TD LUYANDA, PRICILLA 1014 FLORIDA PARKWAY		NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS			_ v		
TITLE NAME STREET ADDRESS	1014 FLORIDA PARKWAY KISSIMMEE, FL 34743 TD LUYANDA, PRICILLA		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1014 FLORIDA PARKWAY KISSIMMEE, FL 34743 TD LUYANDA, PRICILLA 1014 FLORIDA PARKWAY KISSIMMEE, FL 34743 D CARDONA, REOMUNDO	☐ Delcte	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP- TITLE	i mundo	Locyono.	_ v		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1014 FLORIDA PARKWAY KISSIMMEE, FL 34743 TD LUYANDA, PRICILŁA 1014 FLORIDA PARKWAY KISSIMMEE, FL 34743 D CARDONA, REOMUNDO 1014 FLORIDA PARKWAY	☐ Delcte	NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	eimundo	Cardona	☐ Change	☐ Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1014 FLORIDA PARKWAY KISSIMMEE, FL 34743 TD LUYANDA, PRICILŁA 1014 FLORIDA PARKWAY KISSIMMEE, FL 34743 D CARDONA, REOMUNDO 1014 FLORIDA PARKWAY	☐ Delcte	NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	eimundo ame	Cardona	☐ Change	☐ Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1014 FLORIDA PARKWAY KISSIMMEE, FL 34743 TD LUYANDA, PRICILŁA 1014 FLORIDA PARKWAY KISSIMMEE, FL 34743 D CARDONA, REOMUNDO 1014 FLORIDA PARKWAY KISSIMMEE, FL 34743 D GARCIA, JUAN 1014 FLORIDA PARKWAY KISSIMMEE, FL 34743 D MENDEZ, SAMUEL	Delete Delete	NAME STREET ADDRESS CITY-SI-ZIP TITLE	eimundo ame	Cardona	Change	Addition Addition	

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 eath; 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:

niscella SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR allow.

407)348-7530 06 Daytime Phone #