

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90076 043 ****70.00

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1. Entity Name
IGLESIA CRISTIANA NUEVO COMIENZO INC.



Principal Place of Business
**1116 E DONEGAN AVE
KISSIMMEE, FL 34743**

Mailing Address
**1116 E DONEGAN AVE
KISSIMMEE, FL 34743**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-0708209

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MUNDO, HECTOR M
3203 STONEHURST CIRCLE
KISSIMMEE, FL 34741**

7. Name and Address of New Registered Agent

Name **Mundo, Héctor M.**

Street Address (P.O. Box Number is Not Acceptable)

910 Vaquero Ln.

City **Kissimmee**

FL

Zip Code
34741

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-12-05

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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** ☐ Delete
NAME **MUNDO, HECTOR M**
STREET ADDRESS **3203 STONEHURST CIR**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **VD** ☐ Delete
NAME **SANTANA, IRIS**
STREET ADDRESS **3203 STONEHURST CIR**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **SD** ☒ Delete
NAME **MONTE, SONIA**
STREET ADDRESS **1429 MONA DR**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE **TD** ☒ Delete
NAME **CURET, JUAN**
STREET ADDRESS **1429 MONA DR**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE **D** ☒ Delete
NAME **ARROYO, MARILYN**
STREET ADDRESS **PAVELLON DE LA VICTORIA, PO BOX 7425**
CITY-ST-ZIP **PONCE PUERTO RICO,**

TITLE **D** ☒ Delete
NAME **MARTINEZ, CARLOS**
STREET ADDRESS **PO BOX 7425**
CITY-ST-ZIP **PONCE PUERTO RICO,**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD - Magda Santana** ☒ Change ☒ Addition
NAME **2204 WISTERS PARK CIRCLE**
STREET ADDRESS **KISSIMMEE FL 34743**
CITY-ST-ZIP

TITLE **TD - Martha Londono** ☒ Change ☒ Addition
NAME **798 Hacienda circle**
STREET ADDRESS **Kissimmee FL 34741**
CITY-ST-ZIP

TITLE **D - Lissette Burgos** ☒ Change ☒ Addition
NAME **2867 Middleton circle**
STREET ADDRESS **Kissimmee FL 34743.**
CITY-ST-ZIP

TITLE **D - Emelina Alvarez** ☒ Change ☒ Addition
NAME **219 Washington woods Ln.**
STREET ADDRESS **Orlando FL 32824**
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: **Héctor M. Mundo** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-05 407-846-0053

Date

Daytime Phone #