

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000011041

1. Entity Name

IGLESIA MINISTERIO HISPANO NUEVA VIDA, INC.



Principal Place of Business

Mailing Address

5656 150TH AVE NORTH
CLEARWATER FL 33760

P.O. BOX 17786
CLEARWATER FL 33762



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-3695040

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYES, ARMANDO
2901 DARTMOUTH AVE NORTH
SAINT PETERSBURG FL 33713

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME REYES, ARMANDO
STREET ADDRESS 2901 DARTMOUTH AVE NORTH
CITY-STATE-ZIP CLEARWATER FL 33713

☐ Change ☐ Addition
U00000725092
05/03/07-80008-014 61.25

TITLE S ☐ Delete
NAME MEDINA, VICTORIA
STREET ADDRESS 306 S AUDUBON AVE APT L
CITY-STATE-ZIP TAMPA FL 33609

☐ Change ☐ Addition

TITLE D ☐ Delete
NAME QUINONES, LEMUEL A
STREET ADDRESS 306306 S AUDUBON AVE APT L
CITY-STATE-ZIP TAMPA FL 33609

☐ Change ☐ Addition

TITLE D ☐ Delete
NAME CRESPO, IRMAYRI
STREET ADDRESS 9132 84TH TERR, N
CITY-STATE-ZIP SEMINOLE FL 33777

☐ Change ☐ Addition

TITLE D ☐ Delete
NAME RIVAS, CARMEN
STREET ADDRESS 15772 MORGAN ST
CITY-STATE-ZIP CLEARWATER FL 33760

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 a power of attorney.

SIGNATURE: *Armando Reyes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-07

727-686-2877