

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000011396

**Entity Name:** IGLESIA CRISTIANA ODRE NUEVO INC

**Current Principal Place of Business:**

3325 13TH STREET  
SAINT CLOUD, FL 34769

**Current Mailing Address:**

1951 VALLEY FORGE DRIVE  
SAINT CLOUD, FL 34769 US

**FEI Number:** 46-4220991

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIVERA-FIGUEROA, ILEANA SENIOR PASTOR  
1951 VALLEY FORGE DRIVE  
SAINT CLOUD, FL 34769 US

**FILED**  
**Apr 09, 2024**  
**Secretary of State**  
**0010829575CC**

*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:** ILEANA RIVERA-FIGUEROA

04/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTOR, PRESIDENT  
Name RIVERA-FIGUEROA, ILEANA MRS.  
Address 1951 VALLEY FORGE DRIVE  
City-State-Zip: SAINT CLOUD FL 34769

Title PASTOR, VP  
Name RIVERA-CARDONA, WILLIAM MR  
Address 1951 VALLEY FORGE DRIVE  
City-State-Zip: SAINT CLOUD FL 34769

Title ASST. PASTOR  
Name CRUZ BURGOS, NORMA MRS.  
Address 185 OWENSHIRE CIR  
City-State-Zip: KISSIMMEE FL 34744

Title TREASURER  
Name NIEVES, PATRICIA  
Address 1412 BASS SLOUGH CIRCLE  
APTO 1317  
City-State-Zip: KISSIMMEE FL 34743

Title SECRETARY  
Name RIVAS, JACQUELINE E  
Address 2761 WADEVIEW LOOP  
City-State-Zip: ST CLOUD FL 34769

Title DEACONESS  
Name RODRIGUEZ, YESSENIA  
Address 2247 BLUEBIRD PLACE ST.  
City-State-Zip: ST CLOUD FL 34771

Title DEACON  
Name RIVERA, KEVIN O SR.  
Address 2247 BLUEBIRD PLACE ST.  
City-State-Zip: ST CLOUD FL 34771

Title ASST. PASTOR  
Name BURGOS, CANDELARIO  
Address 185 OWENSHIRE CIR  
City-State-Zip: KISSIMMEE FL 34744

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** RIVERA-FIGUEROA , ILEANA , MRS.

PRESIDENT

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DEACON  
Name DE JESUS, GUADALUPE SR  
Address 1412 BASS SLOUGH CIRCLE  
APTO 1317  
City-State-Zip: KISSIMMEE FL 34743