


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90169 048 ****61.25

DOCUMENT # N00000005082					
1. Entity Name IGLESIA PENTECOSTAL DE JESUCRISTO LA NUEVA JERUSALEN, INC.					
Principal Place of Business 1014 FLORIDA PARKWAY KISSIMMEE FL 34743		Mailing Address 1014 FLORIDA PARKWAY KISSIMMEE FL 34743			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3234474	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABREU, JUAN E 1014 FLORIDA PARKWAY KISSIMMEE FL 34743			7. Name and Address of New Registered Agent		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DELGADO, ABEL	NAME			
STREET ADDRESS	1014 FLORIDA PARKWAY	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34743	CITY-ST-ZIP			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TRUJILLO, ANA	NAME	<i>Secretary Gonzalez, ENOC</i>		
STREET ADDRESS	1014 FLORIDA PARKWAY	STREET ADDRESS	<i>1014 Florida Parkway</i>		
CITY-ST-ZIP	KISSIMMEE FL 34743	CITY-ST-ZIP	<i>KISS. FL 34743</i>		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUYANDA, PRICILLA	NAME			
STREET ADDRESS	1014 FLORIDA PARKWAY	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34743	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARDONA, REOMUNDO	NAME			
STREET ADDRESS	1014 FLORIDA PARKWAY	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34743	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARCIA, JUAN	NAME			
STREET ADDRESS	1014 FLORIDA PARKWAY	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34743	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MENDEZ, SAMUEL	NAME			
STREET ADDRESS	1014 FLORIDA PARKWAY	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34743	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: <i>Rev. Abel Delgado</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

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1st MOORE CR2E037 (10/04)