


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3234474	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
**ABREU, JUAN E
1014 FLORIDA PARKWAY
KISSIMMEE, FL 34743**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELGADO, ABEL 1014 FLORIDA PARKWAY KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, ENOC 1014 FLORIDA PARKWAY KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUYANDA, PRICILLA 1014 FLORIDA PARKWAY KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDONA, REIMUNDO 1014 FLORIDA PARKWAY KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, JUAN 1014 FLORIDA PARKWAY KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDEZ, SAMUEL 1014 FLORIDA PARKWAY KISSIMMEE, FL 34743

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01/11/07-80049-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.

SIGNATURE: *Priscilla Luyanda TD Priscilla Luyanda* **1/8/07** **847-9329**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #