

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90061 037 \*\*\*\*61.25

<b>DOCUMENT # N00000005082</b>					
<b>1. Entity Name</b> IGLESIA PENTECOSTAL DE JESUCRISTO LA NUEVA JERUSALEN, INC.					
<b>Principal Place of Business</b> 1014 FLORIDA PARKWAY KISSIMMEE, FL 34743			<b>Mailing Address</b> 1014 FLORIDA PARKWAY KISSIMMEE, FL 34743		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04032008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 59-3234474				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ABREU, JUAN E 1014 FLORIDA PARKWAY KISSIMMEE, FL 34743			<b>7. Name and Address of New Registered Agent</b> Name: <u>LDL ACCOUNTANTS &amp; ASSOCIATES, CPAs LLC</u> Street Address (P.O. Box Number is Not Acceptable): <u>5575 S Semoran Suite 3</u> <u>Orlando</u> <u>32822</u> City: <u>FL</u> Zip Code:		
<b>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.</b>					
SIGNATURE:				DATE: <u>4/4/08</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>				<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> PD	<b>NAME</b> DELGADO, ABEL	<input type="checkbox"/> Delete	<b>TITLE</b> DIRECTOR	<b>NAME</b> ABREU, JUAN E	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1014 FLORIDA PARKWAY	<b>CITY-ST-ZIP</b> KISSIMMEE, FL 34743		<b>STREET ADDRESS</b> 1014 FLORIDA PARKWAY	<b>CITY-ST-ZIP</b> KISSIMMEE, FL 34743	
<b>TITLE</b> S	<b>NAME</b> GONZALEZ, ENOC	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1014 FLORIDA PARKWAY	<b>CITY-ST-ZIP</b> KISSIMMEE, FL 34743		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> TD	<b>NAME</b> LUYANDA, PRICILLA	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1014 FLORIDA PARKWAY	<b>CITY-ST-ZIP</b> KISSIMMEE, FL 34743		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> CARDONA, REIMUNDO	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1014 FLORIDA PARKWAY	<b>CITY-ST-ZIP</b> KISSIMMEE, FL 34743		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> GARCIA, JUAN	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1014 FLORIDA PARKWAY	<b>CITY-ST-ZIP</b> KISSIMMEE, FL 34743		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> MENDEZ, SAMUEL	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1014 FLORIDA PARKWAY	<b>CITY-ST-ZIP</b> KISSIMMEE, FL 34743		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
<b>SIGNATURE:</b>				Date: <u>4/4/08</u> Daytime Phone #: <u>407-348-5055</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					