

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 12, 2009
Secretary of State**

DOCUMENT# N00000005082

Entity Name: IGLESIA PENTECOSTAL DE JESUCRISTO LA NUEVA JERUSALEN, INC.

Current Principal Place of Business:

1014 FLORIDA PARKWAY
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

1014 FLORIDA PARKWAY
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: 59-3234474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LDL ACCOUNTANTS & ASSOCIATES, CPA
5575 S SEMORAN STE. 3
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DELGADO, ABEL
Address: 1014 FLORIDA PARKWAY
City-St-Zip: KISSIMMEE, FL 34743

Title: S () Delete
Name: GONZALEZ, ENOC
Address: 1014 FLORIDA PARKWAY
City-St-Zip: KISSIMMEE, FL 34743

Title: TD () Delete
Name: LUYANDA, PRICILLA
Address: 1014 FLORIDA PARKWAY
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: CARDONA, REIMUNDO
Address: 1014 FLORIDA PARKWAY
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: GARCIA, JUAN
Address: 1014 FLORIDA PARKWAY
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: MENDEZ, SAMUEL
Address: 1014 FLORIDA PARKWAY
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ABEL DELGADO

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date