

**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