


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000006111	
<b>1. Entity Name</b> IGLESIA BAUTISTA NUEVA ESPERANZA DE KENDALL, INC.	

<b>Principal Place of Business</b> 12313 SW 112 ST. MIAMI FL 33186	<b>Mailing Address</b> 12313 SW 112 ST. MIAMI FL 33186
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>



1st MOORE CR2E037 (10/06)

<b>4. FEI Number</b> 65-1039016	<input type="checkbox"/> 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>	
AREAS, LUVIN 15700 SW 100TH AVE MIAMI FL 33186	
<b>7. Name and Address of New Registered Agent</b>	
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)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to:</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> D	<b>NAME</b> BAURERLE, GEORGE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 13811 SW 108 ST	<b>CITY-ST-ZIP</b> MIAMI FL 33186		
<b>TITLE</b> DD	<b>NAME</b> AREAS, LUVIN	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 15700 SW 100TH AVE.	<b>CITY-ST-ZIP</b> MIAMI FL 33157		
<b>TITLE</b> D	<b>NAME</b> SEVILLA, THOMAS F	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1051 SW 117 CT	<b>CITY-ST-ZIP</b> MIAMI FL 33184		
<b>TITLE</b> D/V	<b>NAME</b> MARTIN, SERGIO	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 12780 SW 53 ST	<b>CITY-ST-ZIP</b> MIAMI FL 33175		
<b>TITLE</b> TS	<b>NAME</b> MARTIN, MONIKA	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 12780 SW 53 ST	<b>CITY-ST-ZIP</b> MIAMI FL 33175		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** SERGIO MARTIN **1/29/07** **(305) 273-7129**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR