

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90094 035 ****70.00

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1. Entity Name

IGLESIA PRESBITERIANA NUEVA ESPERANZA, INC.

Principal Place of Business

Mailing Address

2019 GILMORE ST.
 JACKSONVILLE FL 32204

PO BOX 54183
 JACKSONVILLE FL 32245

2. Principal Place of Business

8084 Normandy Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip
32221

Country
USA

Zip

Country

4. FEI Number

74-3037391

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, EDWARD L
1301 RIVERPLACE BLVD., STE. 1500
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	ARZOLA, CARLOS	
STREET ADDRESS	301 CARAVAN CIR., #308	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, LUIS	
STREET ADDRESS	9 CURRENT AVE.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, NORMA	
STREET ADDRESS	10525 MONACO DR., #120	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MORALES, CARLOS	
STREET ADDRESS	7802 ANDES DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, AUGUSTO	
STREET ADDRESS	1591 S. Lane Avenue #144-W	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, CARMEN	
STREET ADDRESS	1745 Wells Road #707	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOQUETE, ELSA	
STREET ADDRESS	2553 Americas Cup Ct. E.	
CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/02

CR2E037 (9/01)