

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006649

FILED
Jul 06, 2009
Secretary of State

Entity Name: IGLESIA BAUTISTA NUEVA VIDA OF SANTA ROSA, INC.

Current Principal Place of Business:

5536 HWY 90
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

PO BOX 388
MILTON, FL 32570

New Mailing Address:

FEI Number: 59-3744767 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BARRAGAN, GERONIMO
5536 HIGHWAY 90
MILTON, FL 32570 US

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: BARRAGAN, GERONIMO
Address: 5536 HWY 90
City-St-Zip: MILTON, FL 32570

Title: VPD () Delete
Name: QUIROI, RUBEN
Address: 5536 HWY 90
City-St-Zip: MILTON, FL 32570

Title: TD () Delete
Name: BARRAGAN, JOSE L
Address: 5536 HWY 90
City-St-Zip: MILTON, FL 32570

Title: SD () Delete
Name: PALOMARES, ISIDRO
Address: 5536 HWY 90
City-St-Zip: MILTON, FL 32570

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:

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: GERONIMO BARRAGAN

PD

07/06/2009

Electronic Signature of Signing Officer or Director

Date