

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N01822

1. Entity Name
COMUNIDAD DE ALIANZA LA NUEVA JERUSALEM, INC.



Principal Place of Business
10040 SW 70 ST
MIAMI, FL 33173 US

Mailing Address
PO BOX 164903
MIAMI, FL 33116



02202008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, WILLIAM F., JR.
10040 SW 70 ST
MIAMI, FL 33173

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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04/22/08 000000 004 01.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
DELGADILLO, NOEL
13052 SW 57TH TERR
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SD
VARONA, OSCAR A
11105 SW 125TH ST
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
BROWN, WILLIAM F., JR.
10040 SW 70 ST
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TD
ARGUELLO, NESTOR J
7803 SW 129TH PL
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/8

Date

305 273 7460

Daytime Phone #