


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000001796**  
 1. Entity Name  
**IGLESIA NUEVA VIDA DE ORLANDO, INC.**



Principal Place of Business      Mailing Address  
**3420 CIRQUE CIRCLE**      **3420 CIRQUE CIRCLE**  
**ORLANDO, FL 32817**      **ORLANDO, FL 32817**

**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
**01-0571444**      Nor Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DAVILA, RAMON REV.**  
**3420 CIRQUE CIRCLE**  
**ORLANDO, FL 32817**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DAVILA, RAMON REV.<br>3420 CIRQUE CIRCLE<br>ORLANDO, FL 32817  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SANTIAGO, ALIDA MRS<br>3420 CIRQUE CIRCLE<br>ORLANDO, FL 32817 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>DAVILA, THELMA MRS.<br>3420 CIRQUE CIRCLE<br>ORLANDO, FL 32817 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:** *Ramon Davila*      **1/31/05 (407) 380-8589**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #