2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009732

FILED May 31, 2006 Secretary of State

Entity Name: IGLESIA DE DIOS PENTECOSTAL NUEVA VIDA IN WEST PALM BEACH, INC.

Current P	rincipal Place of Business:	New Prince	New Principal Place of Business:	
1560 60TH TERRACE SOUTH WEST PALM BEACH, FL 33415			5050 10TH AVENUE NORTH GREENACRES, FL 33463	
Current Mailing Address:		New Maili	New Mailing Address:	
1560 60TH TERRACE SOUTH WEST PALM BEACH, FL 33415			5050 10TH AVENUE NORTH GREENACRES, FL 33463	
In accordan	: 83-0371110 FEI Number Applied For() FEI N ce with s. 607.193(2)(b), F.S., the corporation did not received Address of Current Registered Agent:	-		
CHACON, 1560 60TH WEST PAI	PABLO I TERRACE SOUTH LM BEACH, FL 33415 US named entity submits this statement for the purpose	CHACON, 5337 GILB LAKE WO	PABLO ERT WAY RTH, FL 33415 US	
	e of Florida.		05/24/2006	
SIGNATUF			05/31/2006	
	Electronic Signature of Registered Agent		Date	
OFFICER:	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD () Delete CHACON, PABLO 1560 60TH TERR S WEST PALM BEACH, FL 33415 S () Delete RIVERA DE CHACON, EUDALI 1560 60TH TERR S. WEST PALM BEACH, FL 33415	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD (X) Change () Addition CHACON, PABLO 5337 GILBERT WAY LAKE WORTH, FL 33463 S (X) Change () Addition RIVERA DE CHACON, EUDALI 5337 GILBERT WAY LAKE WORTH, FL 33463	
Title: Name: Address: City-St-Zip:	T () Delete LOPEZ, CARLOS 4624 HOLIDAY WAY WEST PALM BEACH, FL 33415	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete LUCAS, JOSE 4624 HOLIDAY WAY WEST PALM BEACH, FL 33415	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition FLORES, MARTA A 6629 ATHENAS DR LAKE WORTH, FL 33463	

I hereby certify that the information supplied with this filing does not qualify for the 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: PABLO CHACON PD 05/31/2006