

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009732

FILED
Apr 10, 2007
Secretary of State

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

Current Principal Place of Business:

5050 10TH AVENUE NORTH
GREENACRES, FL 33463

New Principal Place of Business:

5050 10TH AVE N
GREENACRES, FL 33463

Current Mailing Address:

5050 10TH AVENUE NORTH
GREENACRES, FL 33463

New Mailing Address:

5337 GILBERT WAY
LAKE WORTH, FL 33463

FEI Number: 83-0371110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHACON, PABLO
5337 GILBERT WAY
LAKE WORTH, FL 33415 US

Name and Address of New Registered Agent:

CHACON, PABLO
5337 GILBERT WAY
LAKE WORTH, FL 33463 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:

04/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHACON, PABLO
Address: 5337 GILBERT WAY
City-St-Zip: LAKE WORTH, FL 33463

Title: S () Delete
Name: RIVERA DE CHACON, EUDALI
Address: 5337 GILBERT WAY
City-St-Zip: LAKE WORTH, FL 33463

Title: T () Delete
Name: LOPEZ, CARLOS
Address: 4624 HOLIDAY WAY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: V () Delete
Name: LUCAS, JOSE
Address: 4624 HOLIDAY WAY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: FLORES, MARTA A
Address: 6629 ATHENAS DR
City-St-Zip: LAKE WORTH, FL 33463

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/10/2007

Electronic Signature of Signing Officer or Director

Date