

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# N03000000998

Entity Name: IGLESIA NUEVA VISION, INC.

Current Principal Place of Business:

2936 WOODCREST LN
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

2936 WOODCREST LN
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 03-0540934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

ALICEA, ABNER
2936 WOODCREST LN
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

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: DP () Delete
Name: ALICEA, ABNER
Address: 2936 WOODCREST LN
City-St-Zip: LAKELAND, FL 33805

Title: DV () Delete
Name: ALICEA, RAUL
Address: 615 DRUID ST.
City-St-Zip: LAKELAND, FL 33805

Title: DS () Delete
Name: LARACUENTE, YOLANDA
Address: 210 LAKE HOLLINGSWORTH DR.
City-St-Zip: LAKELAND, FL 33801

Title: DT () Delete
Name: ALICEA, LYDIA
Address: 615 DRUID ST.
City-St-Zip: LAKELAND, FL 33805

Title: S () Delete
Name: ALICEA, ELIZABETH
Address: 2936 WOODCREST LN
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: LOPEZ, JOSE A
Address: 610 DRUID ST
City-St-Zip: LAKELAND, FL 33805

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:

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: ABNER ALICEA

DP

07/03/2007

Electronic Signature of Signing Officer or Director

_____ Date