

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000998

FILED  
Apr 30, 2008  
Secretary of State

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)

**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

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date