


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000001719</b>	
1. Entity Name <b>IGLESIA NUEVA VIDA EN CRISTO, INC.</b>	

Principal Place of Business <b>836 MARY FRANK COURT MT. DORA FL 32757</b>	Mailing Address <b>836 MARY FRANK COURT MT. DORA FL 32757</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number <b>20-1923325</b>		Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>													
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2" rowspan="3"> <b>RAMIREZ, IDA DAISY</b>  <b>836 MARY FRANK COURT</b>  <b>MT. DORA FL 32757</b> </td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>City</td> <td>FL Zip Code</td> </tr> </table>		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		<b>RAMIREZ, IDA DAISY</b> <b>836 MARY FRANK COURT</b> <b>MT. DORA FL 32757</b>		Name		Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent											
<b>RAMIREZ, IDA DAISY</b> <b>836 MARY FRANK COURT</b> <b>MT. DORA FL 32757</b>		Name											
		Street Address (P.O. Box Number is Not Acceptable)											
		City	FL Zip Code										

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and filed applicable. (NOTE: Registered Agent Signature is required when re-appointing) DATE

<b>FILE NOW FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMIREZ, IDA DAISY</b>	NAME	<b>U00000819043</b>
STREET ADDRESS	<b>836 MARY FRANK COURT</b>	STREET ADDRESS	<b>02/15/08-80067-008 61.25</b>
CITY-ST-ZIP	<b>MT. DORA FL 32757</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMIREZ, JOSHUA H</b>	NAME	
STREET ADDRESS	<b>836 MARY FRANK COURT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MT. DORA FL 32757</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Ida Daisy Ram 2/4/08