## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000001769

Title:

Name:

Address:

City-St-Zip:

DS

APONTE, LUZ E.

ORLANDO, FL 32822

( ) Delete

2548 WOODGATE BLVD., APT. 102

FILED Apr 29, 2006 Secretary of State

Entity Name: MINISTERIO HISPANO NEW LIFE CHURCH OF GOD INC.

**Current Principal Place of Business: New Principal Place of Business:** 2820 ALAFAYA TRAIL ORLANDO, FL 32826 **Current Mailing Address: New Mailing Address:** 2820 ALAFAYA TRAIL ORLANDO, FL 32826 FEI Number: 20-0662684 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RODRIGUEZ, ORLANDO H. REV. RODRIGUEZ, ORLANDO H. REV. 188 BURNSED PLACE 884 PECAN CT OVIEDO, FL 32765 US OVIEDO, FL 32765 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: 04/29/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition RODRIGUEZ, ORLANDO G. RODRIGUEZ, ORLANDO H. Name: Name: 884 PECAN CT. Address: 188 BURNSED PLACE Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 Title: (X) Delete Title: () Change () Addition ORELLANA, OSCAR Name: Name: Address: 4643 AGUILA PL. Address: City-St-Zip: ORLANDO, FL 32826 City-St-Zip: Title: () Delete Title: () Change () Addition CUEVAS, BIENVENIDO Name: Name: Address: 691 STANFORD DR. Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ORLANDO H. RODRIGUEZ DP 04/29/2006

() Change () Addition