2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# N06000005685

Entity Name: IGLESIA PENTECOSTAL NUEVA VIDA, INC.

Current Principal Place of Business:

7830 ALTAVAN AVE
ORLANDO, FL 32822

New Principal Place of Business:

1244 COMMERCE BLVD
ORLANDO, FL 32807

Current Mailing Address:

7830 ALTAVAN AVE
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 86-1169067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TORRES, SAMUEL
7830 ALTAVAN AVE
ORLANDO, FL 32822 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: PD ( ) Delete
Name: TORRES, SAMUEL
Address: 7830 ALTAVAN AVE
City-St-Zip: ORLANDO, FL 32822

Title: V ( ) Delete
Name: TORRES, AMARILIS A
Address: 7830 ALTAVAN AVE
City-St-Zip: ORLANDO, FL 32822

Title: T ( ) Delete
Name: ROSA, IVETTE
Address: 505 WILSHIRE DR
City-St-Zip: CASSELBERRY, FL 32707

Title: S ( ) Delete
Name: TORRES, HECTOR
Address: 1206 BOREAS DR
City-St-Zip: ORLANDO, FL 32822

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TORRES, SAMUEL REV.
Address: 7830 ALTAVAN AVE
City-St-Zip: ORLANDO, FL 32822

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

Title: T (X) Change ( ) Addition
Name: PAGAN, MICHELLE
Address: 8065 ELSEE DR.
City-St-Zip: ORLANDO, FL 32822

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

Title: D ( ) Change (X) Addition
Name: ORENGO, ANTONIO
Address: 9333 SPRING VALE DR.
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Change (X) Addition
Name: GARCIA, EIRISLYN
Address: 1216 SOPHIE BLVD
City-St-Zip: ORLANDO, FL 32807

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: SAMUEL TORRES PD 04/27/2008

Electronic Signature of Signing Officer or Director — Date