## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000002802

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Feb 18, 2008 Secretary of State

Entity Name: IGLESIA PENTECOSTAL NUEVO AMANECER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 11418 CRYSTAL VIEW COURT 938 W. BROOME ST LAKE COUNTY, FL 34711 CLERMONT, FL 34711 **Current Mailing Address: New Mailing Address:** 11418 CRYSTAL VIEW COURT 11418 CRYSTAL VIEW COURT LAKE COUNTY, FL 34711 CLERMONT, FL 34711 FEI Number: 20-8684513 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: PORTILLO, ELDER O PORTILLO, ELDER O 11418 CRYSTAL VIEW COURT 11418 CRYSTAL VIEW COURT LAKE COUNTY, FL 34711 CLERMONT, FL 34711 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: 02/18/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition LEIVA, JUAN M PORTILLO, ELDER O Name: Name: 1713 RIDGEMOOR DRIVE Address: 11418 CRYSTAL VIEW CT Address: City-St-Zip: MASCOTTE, FL 34753 City-St-Zip: CLERMONT, FL 34711 Title: ( ) Delete Title: (X) Change ( ) Addition PORTILLO, ELDER O Name: LEIVA, JUAN Name: Address: 11418 CRYSTAL VIEW COURT Address: 1713 RIDGEMOOR DR City-St-Zip: LAKE COUNTY, FL 34711 City-St-Zip: MASCOTTE, FL 34753 Title: DS () Delete Title: (X) Change ( ) Addition RODRIGUEZ, PATRIA NAVARRETE, JUSTINA Name: Name: 11627 PINELOCH LOOP Address: Address: 17 LAKE JACKSON DR City-St-Zip: CLERMONT, FL 34711 City-St-Zip: MASCOTTE, FL 34753 ( ) Delete Title: DT Title: **TRUS** (X) Change ( ) Addition RODRIGUEZ, CESAR A Name: Name: LEIVA, ORLANDO 11609 PINELOCH LOOP Address: Address: 1713 RIDGEMOOR DR City-St-Zip: CLERMONT, FL 34711 City-St-Zip: MASCOTTE, FL 34753

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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ELDER PORTILLO DP 02/18/2008

() Delete

() Delete

( ) Change (X) Addition

( ) Change (X) Addition

MARTINEZ, KARINA

1713 RIDGEMOOR DR

MASCOTTE, FL 34753

NAVARRETE, ROBERTO

17 LAKE JACKSON DR MASCOTTE, FL 34753