

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004231

FILED  
May 28, 2008  
Secretary of State

**Entity Name:** IGLESIA DE RECONCILIACION NUEVA VIDA, INC.

**Current Principal Place of Business:**

5337 GILBERT WAY  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

5337 GILBERT WAY  
LAKE WORTH, FL 33463

**New Mailing Address:**

**FEI Number:** 22-3963745      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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: CHACON, PABLO  
Address: 5337 GILBERT WAY  
City-St-Zip: LAKE WORTH, FL 33463

Title: VSD ( ) Delete  
Name: CHACON, EUDALI  
Address: 5337 GILBERT WAY  
City-St-Zip: LAKE WORTH, FL 33463

Title: TD ( ) Delete  
Name: DE ARTIME, REYNEL  
Address: 5337 GILBERT WAY  
City-St-Zip: LAKE WORTH, FL 33463

**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:

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: PABLO CHACON

PRES

05/28/2008

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

\_\_\_\_\_  
Date