2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000006253

TI FILED
Sep 30, 2008
Secretary of State

Entity Name: IGLESIA CRISTIANA NUEVA VISION, INC.

Current Principal Place of Business: New Principal Place of Business:

3550 W SR 46

SANFORD, FL 32771 US

Current Mailing Address: New Mailing Address:

3550 W SR 46

SANFORD, FL 32771 US

FEI Number: 26-0404384 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:

SANTOS, JUAN R REV SANTOS, JUAN R REV

424 CHAPEL TRACE DRIVE #205 424 CHAPEL TRACE DRIVE #205 ORLANDO, FL 32808 US ORLANDO, FL 32807 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: 09/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PAST () Delete Title: PRES (X) Change () Addition Name: ULERIO, ANTONIO PASTOR

Address: 3550 W SR 46 Address: 3550 W SR 46

City-St-Zip: SANFORD, FL 32771 US City-St-Zip: SANFORD, FL 32771 US

Title: SECR () Delete Title: VPSE (X) Change () Addition Name: ULERIO, SONIA Y Name: ULERIO, SONIA Y PASTOR

Address: 3550 W SR 46 Address: 3550 W SR 46

City-St-Zip: SANFORD, FL 32771 US City-St-Zip: SANFORD, FL 32771 US

Title: TREA () Delete Title: TREA (X) Change () Addition
Name: ULERIO, SONIA Y Name: SANTIAGO, MIGUEL A ESQ.

Address: 3550 W SR 46 Address: 3550 W SR 46

 City-St-Zip:
 SANFORD, FL 32771 US
 City-St-Zip:
 SANFORD, FL 32771 US

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: SONIA Y ULERIO VPSE 09/30/2008