2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N07000006253

Entity Name: IGLESIA CRISTIANA NUEVA VISION, INC.

Current Principal Place of Business:

3550 W SR 46
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

3550 W SR 46
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 26-0404384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTOS, JUAN R REV
424 CHAPEL TRACE DRIVE #205
ORLANDO, FL 32807 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: P ( ) Delete
Name: ULERIO, ANTONIO PASTOR
Address: 3550 W SR 46
City-St-Zip: SANFORD, FL 32771 US

Title: VPS ( ) Delete
Name: ULERIO, SONIA Y PASTOR
Address: 3550 W SR 46
City-St-Zip: SANFORD, FL 32771 US

Title: T ( ) Delete
Name: SANTIAGO, MIGUEL A ESQ.
Address: 3550 W SR 46
City-St-Zip: SANFORD, FL 32771 US

Title: BM ( ) Delete
Name: GILMORE, DOUGLAS W
Address: 1013 OLIVE AVE
City-St-Zip: SANFORD, FL 32771

Title: S ( ) Delete
Name: CARRASQUILLO, EMILIO
Address: 2009 CHASE AVE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ULERIO, ANTONIO REV
Address: 3550 W SR 46
City-St-Zip: SANFORD, FL 32771 US

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

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

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

Title: VS (X) Change ( ) Addition
Name: CARRASQUILLO, EMILIO
Address: 2009 CHASE AVE
City-St-Zip: SANFORD, FL 32771

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 VPS 04/29/2009

Electronic Signature of Signing Officer or Director — Date