

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006291

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** ASSEMBLY OF GOD NEW LIFE HISPANIC, INC

**Current Principal Place of Business:**

1510 OAK DR  
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

1510 OAK DR  
FT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 83-0489138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOTO GERENA, NELIDA  
1510 OAK DR  
FT MYERS, FL 33907 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: SOTO GERENA, NELIDA  
Address: 1510 OAK DR  
City-St-Zip: FT MYERS, FL 33907

Title: D ( ) Delete  
Name: SOTO, AWILDA  
Address: 5455 10TH AVE  
City-St-Zip: FT MYERS, FL 33907

Title: T ( ) Delete  
Name: RUIZ, ELLIOT  
Address: 5015 LOCKE LN  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: S ( ) Delete  
Name: COLON, NYDIA  
Address: 5015 LOCKE LN  
City-St-Zip: FT MYERS, FL 33971

**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:

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: NELIDA SOTO GERENA

P

04/29/2008

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

\_\_\_\_\_  
Date