

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2008 8:00 am
Secretary of State

03-31-2008 90042 013 ****61.25

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1st MOORE CR2E037 (10/07)

DOCUMENT # N07000011370					
1. Entity Name IGLESIA DE JESUCRISTO NUEVA VIDA INC.					
Principal Place of Business 73 WATER TRACK OCALA FL 34472			Mailing Address 73 WATER TRACK OCALA FL 34472		
2. Principal Place of Business - No P.O. Box # 1205 Long st		3. Mailing Address 1205 Long st			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKEland FL		City & State LAKEland FL		4. FEI Number 51-0676136	
Zip 33801		Country		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CABAN, ROBERTO 73 WATER TRACK OCALA FL 34472			7. Name and Address of New Registered Agent Name Gregorio Huertas Street Address (P.O. Box Number is Not Acceptable) 1205 Long st City LAKEland FL Zip Code 33801		
8. 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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE <u>Gregorio Huertas</u> Signature, typed or printed name of registered agent (if not a director) (NOTE: Registered Agent signature is not required when filing online) DATE					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUERTAS, GREGORIO 56 JUNIPER PASS #1 OCALA FL 34480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CABAN, ROBERTO 73 WATER TRACK OCALA FL 34472	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	LUCA HERNANDEZ 558 OAKCEAFAR APT 4 LAKEland, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORALES, CONCEPCION 34 BANYAN CSE APT B OCALA FL 34472	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CABAN, ISABEL M 73 WATER TRACK OCALA FL 34472	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Gregorio Huertas</u>			3/18/08 352-615-2430		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		