2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N08000007023

TI FILED

May 04, 2009

Secretary of State

Entity Name: IGLESIA CRISTIANA NUEVO COMIENZO DE DELTONA,INC.

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

783 FORT SMITH BLVD. DELTONA, FL 32738 US

Current Mailing Address: New Mailing Address:

783 FORT SMITH BLVD. P.O. BOX 391236

DELTONA, FL 32738 US DELTONA, FL 32739 US

FEI Number: 26-3064349 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:

YAPOR, JOSE I SR.

2949 WILD PEPPER AVE
DELTONA, FL 32725 US

COLON, IVETTE MRS.
216 E LAKE VICTORIA CIRCLE
DELAND, FL 32724 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: IVETTE COLON 05/04/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: COLON, NAIN SR. Name: COLON, NAIN SR.

Address: 420 BROOKFIELD TER. Address: 216 E LAKE VICTORIA CIRCLE
City-St-Zip: DELAND, FL 32724 US City-St-Zip: DELAND, FL 32724 US

Title: VP () Delete Title: () Change () Addition

Name: FIGUEROA, SAMUEL SR. Name:
Address: 1236 CYPRESS AVE Address:
City-St-Zip: ORANGE CITY, FL 32763 US City-St-Zip:

 Title:
 T
 () Delete
 Title:
 T
 (X) Change () Addition

 Name:
 MELENDEZ, LUCIANA MRS.

 Name:
 MELENDEZ, LUCIANA MRS.

 Address:
 2718 N JULIET DR
 Address:
 2718 N JULIET DR

 City-St-Zip:
 DELTONA, FL 32724 US
 City-St-Zip:
 DELTONA, FL 32738 US

Title: S () Delete Title: S (X) Change () Addition

Name:COLON, IVETTE MRS.Name:COLON, IVETTE MRS.Address:420 BROOKFIELD TER.Address:216 E LAKE VICTORIA CIRCLECity-St-Zip:DELAND, FL 32738 USCity-St-Zip:DELAND, FL 32724 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: IVETTE COLON S 05/04/2009