

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -6 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44062 (0)
1. Corporation Name
IGLESIA CRISTIANA EL NUEVO PACTO, INC.

Principal Place of Business Mailing Address
6622 HANLEY RD
TAMPA FL 33634
US % ESTHER GONZALEZ
14918 GREELEY DR.
TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/24/1991 3a. Date of Last Report 01/27/1994
4. FEI Number 59-3074743 Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, ESTHER
14918 GREELEY DR.
TAMPA FL 33625

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
9000001423219
-03/07/95-FL1099-4320
*****70-00 *****75-00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME GONZALEZ, ESTHER
STREET ADDRESS 14918 GREELEY DR.
CITY-ST-ZIP TAMPA FL

1.1 TITLE DP PRESIDENT
1.2 NAME GONZALEZ, ESTHER
1.3 STREET ADDRESS 14918 GREELEY DRIVE
1.4 CITY-ST-ZIP TAMPA FL

TITLE DS
NAME ARELLANO, MARIA TERESA
STREET ADDRESS 3601 CARMEN ST.
CITY-ST-ZIP TAMPA FL

2.1 TITLE VICE PRESIDENT
2.2 NAME Segundo Arellano
2.3 STREET ADDRESS 5 Elm St.
2.4 CITY-ST-ZIP Tampa Fla. (V.P.)

TITLE D
NAME SECUNDINO, MOISES
STREET ADDRESS 808 DREW ST.
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE
3.2 NAME ALBA GONZALEZ
3.3 STREET ADDRESS 14918 Greeley Dr
3.4 CITY-ST-ZIP Tampa Fla. (TREASURER)

TITLE D
NAME FRAGOSO, LYDIA
STREET ADDRESS 8243 VASSAR CR.
CITY-ST-ZIP TAMPA FL

4.1 TITLE
4.2 NAME Ivette Sotomayor
4.3 STREET ADDRESS 15004 Greeley
4.4 CITY-ST-ZIP Tampa Fla. (SECRETARY)

TITLE DT
NAME FRAGOSO, NESTOR
STREET ADDRESS 8243 VASSAR CT.
CITY-ST-ZIP TAMPA FL

5.1 TITLE
5.2 NAME Delete
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ALBA GONZALEZ 1/20/95 813-963-7786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone