


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90166 050 ****70.00

DOCUMENT # N44062 1. Entity Name IGLESIA CRISTIANA EL NUEVO PACTO, INC.					
Principal Place of Business 1419 W WATERS AVE TAMPA, FL 33614 US			Mailing Address % ESTHER GONZALEZ 14918 GREELEY DR. TAMPA, FL 33625		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 14918 Greeley Drive		Suite, Apt. #, etc.			
City & State Tampa FL 33625		City & State			
Zip 33625	Country US	Zip		Country	
6. Name and Address of Current Registered Agent GONZALEZ, ESTHER 14918 GREELEY DR. TAMPA, FL 33625			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP GONZALEZ, ESTHER 14918 GREELEY DR. TAMPA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/M Gonzalez, Esther 14918 Greeley Dr Tampa FL 33625
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVF PELCASTRE, CRISTOBAL 9711 HICKORY PLACE TAMPA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pelcastre, Cristobal 10207 Brandy Hills Ct. Tampa FL 33615
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, ALBA 14918 GREELEY DR. TAMPA, FL 33625	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/M Gonzalez, Alba 14918 Greeley Dr Tampa FL 33625
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOTOMAYOR, IVETTE 13612 S VILLAGE DR TAMPA, FL 33624	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jorge Cruzado 5112 Leshner Ct Tampa FL 33624
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP ISABEL, FRANK 2701 GRAY STREET TAMPA, FL 33624	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hector Cruzado 15709 Country Lane Spring Hill FL 34610
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Esther Gonzalez <i>Esther Gonzalez</i> 4-16-07 813-963-7786 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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02262007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3074743

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required