2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44062

FILED Feb 22, 2009 Secretary of State

Entity Name: IGLESIA CRISTIANA EL NUEVO PACTO, INC.

Current Principal Place of Business: New Principal Place of Business: 14918 GREELEY DR. 14918 GREELEY DR. TAMPA, FL 33626 TAMPA, FL 33625 **Current Mailing Address: New Mailing Address:** % ESTHER GONZALEZ 14918 GREELEY DR. 14918 GREELEY DR. TAMPA, FL 33625 US TAMPA, FL 33625 FEI Number: 59-3074743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GONZALEZ, ESTHER 14918 GREELEY DR. TAMPA, FL 33625 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GONZALEZ, ESTHER, Name: Name: 14918 GREELEY DR. Address: Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip: Title: () Delete Title: () Change () Addition PELCASTRE, CRISTOBAL Name: Name: Address: 10207 BRANDY HILLS CT Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: Title: () Delete Title: () Change () Addition GONZALEZ, ALBA Name: Name: 14918 GREENLEY DR Address: Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip: () Delete Title: DT Title: () Change () Addition CARRASCO, CARLOS Name: Name: Address: 2313 F16 ST Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: () Delete Title: () Change () Addition RIVERON, MARIA T Name: Name: 3417 W. TAMBAY AVE Address: Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: Title: () Delete Title: (X) Change () Addition CURZADO, HECTOR CRUZADO, HECTOR Name: Name: Address: 1507 COUNTRY LANE Address: 1507 COUNTRY LANE SPRING HILL, FL 34410 SPRING HILL, FL 34410 City-St-Zip: 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: ESTHER GONZALEZ C 02/22/2009