

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48215

FILED
Feb 03, 2009
Secretary of State

Entity Name: IGLESIA BAUTISTA NUEVO AMANECER, INC. MIAMI, FLORIDA

Current Principal Place of Business:

17200 NW 87TH AVENUE
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

17200 NW 87TH AVENUE
MIAMI, FL 33015

New Mailing Address:

FEI Number: 65-0339144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERO, RUDY A
15400 DERBY COURT
DAVIE, FL 33331 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: VÉLEZ, DARWIN
Address: 8230 NW 191 ST. APT H
City-St-Zip: HIALEAH, FL 33015

Title: VD () Delete
Name: TAVERAS, MARIA
Address: 19280 NW 57TH COURT.
City-St-Zip: MIAMI, FL 33015

Title: SD () Delete
Name: FARFAN, ROBERTO C
Address: 5271 SW 134TH AVE
City-St-Zip: MIRAMAR, FL 33027

Title: TD () Delete
Name: BARBERO, JOSE
Address: 19330 N.W. 56TH PLACE
City-St-Zip: MIAMI, FL 33055

Title: TD () Delete
Name: CASTILLO, EDWIN
Address: 3955 NE 15TH STREET
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: CASTILLO, EDWIN
Address: 3955 NE 15 STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: SD (X) Change () Addition
Name: ARREAGA, ELMER
Address: 501 NW 68 AVENUE
City-St-Zip: HOLLYWOOD, FL 33024

Title: TD (X) Change () Addition
Name: DOMINGUEZ, NELSON
Address: 18772 NW 80 COURT
City-St-Zip: HIALEAH, FL 33015

Title: TD (X) Change () Addition
Name: RAMOS, ISABEL
Address: 1441 NW 154 LANE
City-St-Zip: PEMBROKE PINES, FL 33028

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: MONIQUE FERNANDEZ

FS

02/03/2009

Electronic Signature of Signing Officer or Director

Date