
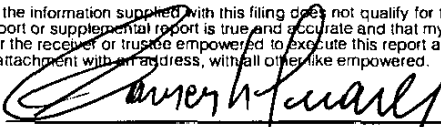


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90165 040 ****70.00

DOCUMENT # N48900					
1. Entity Name IGLESIA CRISTIANA REFORMADA BUENAS NUEVAS, INC.					
Principal Place of Business 11989 SW 56TH STREET MIAMI, FL 33184 US			Mailing Address PO BOX 940621 MIAMI, FL 33194-0621 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SUAREZ, XAVIER 175 DUKE DR LAKE WORTH, FL 33460				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD		TITLE		
NAME	SUAREZ, XAVIER <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	175 DUKE DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP		
TITLE	TD		TITLE		
NAME	BORREGO, NORMA V <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	13150 SW 6 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33184		CITY-ST-ZIP		
TITLE	V		TITLE	Jorge J. Fontrodona <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BORREGO, RAMON C <input checked="" type="checkbox"/> Delete		NAME	13104 SW 55 St.	
STREET ADDRESS	13150 SW 6TH STREET		STREET ADDRESS	Miami, FL 33175	
CITY-ST-ZIP	MIAMI, FL 33184		CITY-ST-ZIP		
TITLE	SD		TITLE		
NAME	MENDOZA, NOELLIE <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	13214 SW 11 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33184		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	VANROY, J MICHAEL <input checked="" type="checkbox"/> Delete		NAME		
STREET ADDRESS	15448 SW 48 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP		
TITLE			TITLE		
NAME	<input type="checkbox"/> Delete		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			03-03-06 (305) 282-3619		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		