2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 08, 2006 8:00 am Secretary of State DOCUMENT # N95000001853 1. Entity Name 03-08-2006 90177 031 \*\*\*\*61.25 IGLESIA BIBLICA BUENAS NUEVAS, INC. Principal Place of Business Mailing Address 206 EVERNIA ST 206 EVERNIA ST JUPITER FL 33458 JUPITER FL 33458 Principal Place of Business 3. Mailing Address 206. EVernio 206. EVernin Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For 4. FEI Number 65-0579522 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **3639**770 VELASQUEZ, CRISTOBAL Street Address (P.O. Box Number is Not Acceptable) 206 EVERNIA ST JUPITER FL 33458 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61,25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE TITLE ☐ Delete Change ☐ Addition VELOSQUEZ, CHRISTOBAL NAME NAME STREET ADDRESS 206 EVERNIA ST STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP DΥ TITLE ☐ Delete TUTE E Change ☐ Addition Mario BerDuo BERDUO, MARIO NAME NAMÉ 1007 ortega RD. STREET ADDRESS 1007 ORTEGA RD STREET ADDRESS WPB FL 33405 CITY-ST-ZIP ☐ Change TITLE Del<u>et</u>e TITLE Addition LUCOS CRSO LUCAS, CESAR NAME NAME STREET ADDRESS 4900 CLOCK RD STREET ADDRESS 4900. Clock LAKE WORTH FL 33460 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE [ ] Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: