

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N95000003170 (6)

1. Corporation Name

IGLESIA CRISTIANA NUEVA VIDA, INC.



Principal Place of Business

1209 CENTER STREET  
OCOE FL 34761

Mailing Address

1209 CENTER STREET  
OCOE FL 34761

3. Date Incorporated or Qualified

07/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3359642

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

24

Country

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAYORGA, AUGUST C  
553 IRIS STREET  
ALTAMONTE SPRINGS FL 32714

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT & PASTOR ☐ DELETE  
NAME LUIS A. PLOQUEZ  
STREET ADDRESS 479 WURST ROAD  
CITY-ST-ZIP OCOEE, FLORIDA 34761

1.1 TITLE SECRETARY ☐ Change ☒ Addition  
1.2 NAME DINA MALDONADO  
1.3 STREET ADDRESS 9154 BATON ROUGE ROAD  
1.4 CITY-ST-ZIP ORLANDO, FL

TITLE TREASURER ☐ DELETE  
NAME MYRIAM GUADAMUZ  
STREET ADDRESS 1083 N. CIRCLE COURT  
CITY-ST-ZIP WINTER GARDEN, FL 34787

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ASSISTANT TREASURER ☐ DELETE  
NAME ROSALINDA ESTRADA  
STREET ADDRESS 3519 SUMMER HEAVEN LANE  
CITY-ST-ZIP APOPKA, FL 32703

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DIRECTOR ☐ DELETE  
NAME MIGAGROS MARTINEZ  
STREET ADDRESS 412 LITTLE SPRINGS HILLS  
CITY-ST-ZIP OCOEE, FL 34761

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DIRECTOR ☐ DELETE  
NAME RAUL ADAME  
STREET ADDRESS 333 E. LAFAYETTE STREET  
CITY-ST-ZIP WINTER GARDEN, FL 34787

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE DIRECTOR ☐ DELETE  
NAME MARIA DIAZ  
STREET ADDRESS 18880S HOLLESTER ROAD  
CITY-ST-ZIP ORLANDO, FLORIDA 32820

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LUIS A. PLOQUEZ PASTOR

4/29/96

(407) 656-7613

Date

Daytime Phone #

CR2E037 (12/95)