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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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
OCOOEE FL 34761

Mailing Address

1209 CENTER STREET
OCOOEE FL 34761

3. Date Incorporated or Qualified

07/05/1995

4. FEI Number

59-3359642

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAYORGA, AUGUST C
553 IRIS STREET
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

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

TITLE PP
NAME PLUGUEZ, LUIS A
STREET ADDRESS 479 WRUST ROAD
CITY-ST-ZIP OCOOEE FL ☐ DELETE

TITLE T Secretary
NAME QUADAMUZ, MYRIAM
STREET ADDRESS 1083 N. CIRCLE COURT
CITY-ST-ZIP WINTER GARDEN FL ☐ DELETE

TITLE D
NAME DIAZ, LUIS
STREET ADDRESS 188805 HOLLESTER ROAD
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE S
NAME APONTE, MARIA
STREET ADDRESS 2840 PINE HILLS ROAD, APT #112
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE D
NAME DIAZ, MARIA
STREET ADDRESS 188805 HOLLESTER ROAD
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasure
1.2 NAME JAIRO Guadamuz
1.3 STREET ADDRESS 1083 N. CIRCLE COURT.
1.4 CITY-ST-ZIP WINTER GARDEN, FL. ☐ Change ☐ Addition

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

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

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

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: L. A. Plaguez, Jr. 11-28-98 (107) 56-7613

CR2E037 (10/97)