


FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000003170					
1. Corporation Name IGLESIA CRISTIANA NUEVA VIDA, INC.					
Principal Place of Business 1209 CENTER STREET OCOEEE FL 34761			Mailing Address 1209 CENTER STREET OCOEEE FL 34761		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/05/1995 4. FEI Number 59-3359642 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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	
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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	PP <input type="checkbox"/> DELETE	1.1 TITLE	(Secretary) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUGUEZ, LUIS A	1.2 NAME	MONSERRATTE MARCANO
STREET ADDRESS	479 WRUST ROAD	1.3 STREET ADDRESS	925 MILLEN BECK AVE.
CITY-ST-ZIP	OCOEEE FL	1.4 CITY-ST-ZIP	DELTONA, FL. 32725
TITLE	TS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	(Sub Treasurer) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUADAMUZ, MYRIAM	2.2 NAME	EVELYN SANTIAGO
STREET ADDRESS	1083 N. CIRCLE COURT	2.3 STREET ADDRESS	5603 ARUNDEL DR
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	PINEHILL ORLANDO, FL. 32808
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	(Deacon) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, LUIS	3.2 NAME	MARTHA ORDONEZ
STREET ADDRESS	188805 HOLLESTER ROAD	3.3 STREET ADDRESS	1504 Prairie Lk. Blvd.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	OCOEEE, FL. 34761
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	(Deacon) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUADAMUZ, JAIR	4.2 NAME	ENGRACIO SANTIAGO
STREET ADDRESS	1083 N CIRCLE CT	4.3 STREET ADDRESS	5603 ARUNDEL DR.
CITY-ST-ZIP	WINTER GARDEN FL	4.4 CITY-ST-ZIP	ORLANDO, FL. 32808
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	(Deacon) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, MARIA	5.2 NAME	JUAN CARLOS SALDAÑA
STREET ADDRESS	188805 HOLLESTER ROAD	5.3 STREET ADDRESS	14635 SIPLIN Rd.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	WINTER GARDEN 34787
TITLE	Carlos MARCANO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	925 MILLEN Beck Ave. (Treasurer)	6.2 NAME	
STREET ADDRESS	DELTONA, FL. 32725	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Luis A. Pluguez **REQUIRED** Luis A. Pluguez 4-19-99 (407) 656-7613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)