NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

N95000003170 DOCUMENT

1. Corporation Name

IGLESIA CRISTIANA NUEVA VIDA, INC.

Principal Place of Business

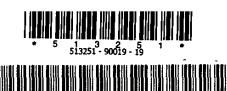
Mailing Address

1209 CENTER STREET OCOEE FL 34761

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

05-07-1999 90019 019 ****70.00



						1 1861
2. Principal Place of Business		2a. Mailing Address			3. Date Incorporated or Qualifed 07/05/1995	
Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number Applied F	-or
22	m, 610.	27			59-3359642 Not Appli	
City & State		City & State			\$8.75 Additio	
23	•	28			5. Certificate of Status Desired Fee Required	-
Zip	Country	Zip	Country	,	6. Election Campaign Financing S5.00 May B	3e
24	25	29 30	0		Trust Fund Contribution Added to Fee	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
			81	Name		
MAYORGA, AUGUST C			82 Street Address (P.O. Box Number is Not Acceptable)			
	553 IRIS STREET			Outdoor		
ALTAMONTE SPRINGS FL 32714			83			
ALIMIO	112 07 141100 12 027 77		84	City	85 Zip Code	
				,	FL []	
office or r	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was auth	norized by	the corpo	corporation submits this statement for the purpose of changing its regist oration's board of directors. I hereby accept the appointment as registered	əd
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	<u> </u>	nt signature i	required when reinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
ΠΤLE	PP	☐ DELETE	1.1 TITLE		(Secretary)	Addition
NAME	PLUGUEZ, LUIS A		1.2 NAME		MONSETTATTE MARCANO	
STREET ADORESS	479 WRUST ROAD		1.3 STREE	TADDRESS	925 MILLEN BECK AVE.	
CITY-ST-ZIP	OCOEE FL		1.4 CITY-S	T-ZIP	DELTONA, FI. 32725	
TITLE	TS	⊠ DELETE	2.1 TITLE		(Sub Treasurer) Change	Addition
NAME	Guadamuz, Myriam	ļ	2.2 NAME		EVELYN SANTIAGO	
STREET ADDRESS	1083 N. CIRCLE COURT	ļ	2.3 STREE	TADORESS	5603 ARUNDEI DR	
CITY-ST-ZIP	WINTER GARDEN FL		2. 4 CITY-	ST-ZIP	PINE HILL ORLANDO, FT. 32808	
TITLE	D	DELETE	3.1 TITLE		(Deacon) Change Li	Addition
NAME	DIAZ, LUIS .	ļ	3.2 NAME		MARTHA ORDONEZ	
STREET ADDRESS	188805 HOLLESTER ROAD	ļ	3.3 STREE	T ADDRESS	1504 Prairie LK. Blud.	
CITY+ST-ZIP	ORLANDO FL		3.4. CITY-	ST-ZIP	OCOBE , F1. 34761	
TITLE	ीं 🕇	X DELETE	4.1 TITLE		[(0 000,00)	Addition
NAME	GUADAMUZ, JAIRO		4. 2 NAME		ENGRACIO SANTIAGO	
STREET ADDRESS	1083 N CIRCLE CT	;	4.3 STREE	T ADDRESS	, a —	
CITY-ST-ZIP	WINTER GARDEN FL		4.4 CITY-S	T-ZIP	ORLANDO, FI. 32808	
ΠΠLE	D	DELETE	5.1 TITLE			Addition
NAME	DIAZ, MARIA		5.2 NAME		JUAN CARLOS SALDAÑA	
STREET ADDRESS	188805 HOLLESTER ROAD		5.3 STREE	TADDRESS	14635 SIPLIN Rd.	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY- S	T-ZIP	WINTER GARDEN 34787	
TITLE	Carlos MARCAN	DELETE	6.1 TITLE		☐ Change ☐	Addition
NAME	925 MILLE N Beck	Ave (Treasurer)	6.2 NAME			
STREET ADDRESS	DATE OF THE PARTY	126 ((1 m/2 6) 4 ()	6.3 STREE	T ADDRESS		
CITY-ST-ZIP	DELTONA, F1. 32725		6.4 CITY-S	T-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:

CR2E037 (11/98)