

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90027 032 ****70.75

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1. Entity Name
IGLESIA CRISTIANA NUEVA VIDA, INC.



Principal Place of Business
**30028 ORANGE AVENUE
SORRENTO, FL 32776**

Mailing Address
**479 WURST ROAD
OCOE, FL 34761**

40093310



05012006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3359642

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAYORGA, A.C.
200 NORTH DENNING, STE 5
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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 *M. Mayorga*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PLUGUEZ, LUIS A 479 WURST ROAD OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARBAJAR, ALBERTO 705 CRYSTAL DRIVE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARCANO, MONSERRATE 1717 MONTANA STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEBRON, CARMEN 1717 MONTANA STREET ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANTIAGO, LUIS 2367 GREYWALL AVENUE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Luis A. Plueguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06 407-656-7613
Date Daytime Phone #