

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003170

FILED
Apr 29, 2009
Secretary of State

Entity Name: IGLESIA CRISTIANA NUEVA VIDA, INC.

Current Principal Place of Business:

8200 W. BALBOA
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

479 WURST ROAD
OCOOE, FL 34761

New Mailing Address:

FEI Number: 59-3359642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PLUGUEZ, LUIS A
Address: 479 WURST ROAD
City-St-Zip: OCOOE, FL 34761

Title: DEAC () Delete
Name: LINALDI, JAIME
Address: 223 1ST STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: S () Delete
Name: CARTAGENA, ANNIE
Address: 211 WORST RD
City-St-Zip: OCOOE, FL 34761

Title: DEAC () Delete
Name: SANTIAGO, ROSA
Address: 2367 GREY WALL AVE
City-St-Zip: OCOOE, FL 34761

Title: TR () Delete
Name: SANTIAGO, LUIS
Address: 2367 GREYWALL AVENUE
City-St-Zip: OCOOE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS PLUGUEZ

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date