

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004081 (4)

1. Corporation Name

"ASOCIACION DE IGLESIAS Y MINISTERIOS NUEVA JERU
SALEN INCORPORATED"



Principal Place of Business

5400 S.W. 122ND AVENUE
MIAMI FL 33175

Mailing Address

5400 S.W. 122ND AVENUE
MIAMI FL 33175

3. Date Incorporated or Qualified
08/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0609175

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Country

Country

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORDONES, RICHARD REV.
5400 S.W. 122ND AVENUE
MIAMI FL 33175

81 Name

Manuel Celado

82

Street Address (P.O. Box Number is Not Acceptable)

5400 S.W. 122 Av.

83

84 City

Miami

FL

85 Zip Code

33175

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)

1/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CORDONES, RICHARD REV.
STREET ADDRESS 15101 S.W. 151ST AVENUE
CITY-ST-ZIP MIAMI FL 33196 ☐ DELETE

1.1 TITLE D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME CORDONES, DEYANIRA
STREET ADDRESS 15101 S.W. 151ST AVENUE
CITY-ST-ZIP MIAMI FL 33196 ☐ DELETE

2.1 TITLE VSD
2.2 NAME CORDONES, DEYANIRA ☒ Change ☐ Addition
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME MOTTA, LEONEL EV
STREET ADDRESS 13781-G S.W. 84TH AVENUE
CITY-ST-ZIP MIAMI FL 33193 ☒ DELETE

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

TITLE T
NAME SANCHEZ, LYSSIL R
STREET ADDRESS 13781-G S.W. 84TH AVENUE
CITY-ST-ZIP MIAMI FL 33193 ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE 700001779447
6.2 NAME -04/15/96--01021--035
6.3 STREET ADDRESS ***61.25
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)