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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004081

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



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

08/24/1995

4. FEI Number

65-0609175

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORDONES, DEYANIRA
5400 S.W. 122 AVE.
MIAMI FL 33175

81 Name

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

83

84 City

FL

85 Zip Code

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 PTD
NAME CORDONES, RICHARD REV.
STREET ADDRESS 15101 S.W. 151ST AVENUE
CITY-ST-ZIP MIAMI FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PRES.

☒ Change ☐ Addition

TITLE SD
NAME CORDONES, DEYANIRA
STREET ADDRESS 15101 S.W. 151ST AVENUE
CITY-ST-ZIP MIAMI FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME DASILVA, LUIS REC
STREET ADDRESS 5400 SW 122 AVE
CITY-ST-ZIP MIAMI FL

☒ DELETE

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

TREAS.
DANIEL CORDONES
14165 SW 142 CT #D405
MIAMI, FL 33183

☐ Change ☒ Addition

TITLE D
NAME SANCHEZ, LUIS REV
STREET ADDRESS 5400 SW 122 AVE
CITY-ST-ZIP MIAMI FL

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

DIR.
PATRICIA CORDONES
15101 SW 151 AVE
MIAMI, FL 33196

☐ Change ☒ Addition

TITLE D
NAME GARABOT, JULIO REV
STREET ADDRESS 5400 SW 122 AVE
CITY-ST-ZIP MIAMI FL

☒ 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
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)