2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000004081

1. Entity Name
"ASOCIACION DE IGLESIAS Y MINISTERIOS NUEVA JERUSALEN INCORPORATED"

Principal Place of Business	Mailing Address
5400 S.W. 122ND AVENUE MIAMI, FL 33175	5400 S.W. 122ND AVENUE MIAMI, FL 33175

03162005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0609175

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORDONES, RICHARD REV.
STREET ADDRESS	15101 S.W. 151ST AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	CORDONES, DEYANIRA
STREET ADDRESS	15101 S.W. 151ST AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	CORDONES, DANIEL
STREET ADDRESS	14165 SW 142 CT, #D 405
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	D
NAME	CORDONES, PATRICIA
STREET ADDRESS	15101 SW 151 AVE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/05-80038-014 61.25

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12. 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 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: _____ Apr 18 2005 (305) 553-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #