

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90009 019 ****61.25

DOCUMENT # N95000004081					
1. Entity Name "ASOCIACION DE IGLESIAS Y MINISTERIOS NUEVA JERUSALEN 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0609175	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORDONES, DEYANIRA 5400 S.W. 122 AVE. MIAMI, FL 33175			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME CORDONES, RICHARD REV. STREET ADDRESS 15101 S.W. 151ST AVENUE CITY-ST-ZIP MIAMI, FL	<input type="checkbox"/> Delete				
TITLE SD NAME CORDONES, DEYANIRA STREET ADDRESS 15101 S.W. 151ST AVENUE CITY-ST-ZIP MIAMI, FL	<input checked="" type="checkbox"/> Delete				
TITLE T NAME CORDONES, DANIEL STREET ADDRESS 14165 SW 142 CT, #D 405 CITY-ST-ZIP MIAMI, FL 33183	<input checked="" type="checkbox"/> Delete				
TITLE D NAME CORDONES, PATRICIA STREET ADDRESS 15101 SW 151 AVE CITY-ST-ZIP MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE V. NAME Medina, Felipe STREET ADDRESS 5400 SW 122 Ave CITY-ST-ZIP Miami, FL 33175	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE T NAME Lopez, Oswaldo STREET ADDRESS 5400 SW 122 Ave CITY-ST-ZIP Miami, FL 33175	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE B. NAME Rangel, Maria STREET ADDRESS 5400 SW 122 Ave CITY-ST-ZIP Miami, FL 33175	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE S NAME Iral, Gloria STREET ADDRESS 5400 SW 122 Ave CITY-ST-ZIP Miami, FL 33175	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					