


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90159 001 ****61.25
02-06-2004 90159 002 *****8.75

DOCUMENT # N95000064198-			
1. Entity Name THE NEW HARVEST SPANISH CHRISTIAN CHURCH ASSEMBLY OF GOD, INC.			
Principal Place of Business 6660 PEMBROKE ROAD PEMBROKE PINES FL 33023 US		Mailing Address P O BOX 8324 PEMBROKE PINES FL 33084 US	
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 65-0606284		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent ACOSTA, ACOSTA J 4165 SW 22 STREET APT B FORT LAUDERDALE FL 33317		7. Name and Address of New Registered Agent	
		Name Daniel J. Acosta	
		Street Address (P.O. Box Number is Not Acceptable) 6212 Dewey ST	
		City Hollywood	Zip Code FL 33023

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 reinstalling)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ACOSTA, DANIEL J 4165 SW 22ND STREET, B FORT LAUDERDALE FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Acosta Daniel J. 6212 Dewey ST Hollywood, FL 33023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ANICO, CARMEN 3701 SW 32TH STREET HOLLYWOOD FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Santos, Nereida 7170 SW 15th ST Pembroke Pines, FL Florida 33023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, JUAN 7170 SW 15TH STREET PEMBROKE PINES FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACIAS, MANUEL 6405 RODMAN ST HOLLYWOOD FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SANTOS, NEREIDA 7170 SW 15TH ST PEMBROKE PINES FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Mendoza, Victoria. 6020 Buthanan ST Hollywood, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOPEZ, SARA 4165 SW 22 STREET APT B FORT LAUDERDALE FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dvp Lopez, Sara 6212 Dewey ST Hollywood, FL 33023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ *amun* _____ **02/07/04 (954) 986 09 69**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #