


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90061 002 *****8.75
 02-01-2005 90061 001 *****61.25

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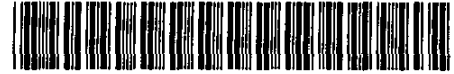
1. Entity Name
THE NEW HARVEST SPANISH CHRISTIAN CHURCH ASSEMBLY OF GOD, INC.



Principal Place of Business Mailing Address

**6660 PEMBROKE ROAD
 PEMBROKE PINES FL 33023
 US** **P O BOX 8324
 PEMBROKE PINES FL 33084
 US**

66000762



1st MOORE CR2E037 (10/04)

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 Applied For

65-0606284 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ACOSTA, DANIEL J
 6212 DEWEY ST.
 HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2005**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	ACOSTA, DANIEL J
STREET ADDRESS	6212 DEWEY ST.
CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	DS <input type="checkbox"/> Delete
NAME	SANTOS, NEREIDA
STREET ADDRESS	7170 SW 15TH ST
CITY-ST-ZIP	PEMBROKE PINES FL 33023
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SANTOS, JUAN
STREET ADDRESS	7170 SW 15TH STREET
CITY-ST-ZIP	PEMBROKE PINES FL 33023
TITLE	D <input type="checkbox"/> Delete
NAME	MACIAS, MANUEL
STREET ADDRESS	6405 RODMAN ST
CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	DT <input checked="" type="checkbox"/> Delete
NAME	MENDOZA, VICTORIA
STREET ADDRESS	6020 BUTHANAN ST.
CITY-ST-ZIP	HOLLYWOOD FL 33024
TITLE	DVP <input type="checkbox"/> Delete
NAME	LOPEZ, SARA
STREET ADDRESS	6212 DEWEY ST.
CITY-ST-ZIP	HOLLYWOOD FL 33023

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez, Trigenilo
STREET ADDRESS	191 SW 69 Av Apt # 204
CITY-ST-ZIP	Pembroke Pines FL 33023
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Macias, Judith
STREET ADDRESS	6850 Filmore ST
CITY-ST-ZIP	Hollywood, FL 33024
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 01/26/05 (954) 986 0969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #