

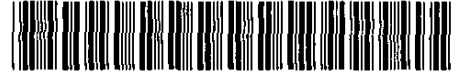
**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000004198**  
1. Entity Name  
**THE NEW HARVEST SPANISH CHRISTIAN CHURCH  
ASSEMBLY OF GOD, INC.**



Principal Place of Business <b>6660 PEMBROKE ROAD PEMBROKE PINES FL 33023 US</b>	Mailing Address <b>P O BOX 8324 PEMBROKE PINES FL 33084 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number <b>65-0606284</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
DP	ACOSTA, DANIEL J	6212 DEWEY ST.	HOLLYWOOD FL 33023	<input type="checkbox"/>
DS	SANTOS, JUAN	7170 SW 15TH ST	PEMBROKE PINES FL 33023	<input type="checkbox"/>
D	MEJIA, PAULINO	3371 SW 16TH CT	FORT LAUDERDALE FL 33312	<input type="checkbox"/>
D	MACIAS, MANUEL	6405 RODMAN ST	HOLLYWOOD FL 33023	<input type="checkbox"/>
DT	MACIAS, JUDITH	6850 FILMORE ST	HOLLYWOOD FL 33024	<input type="checkbox"/>
DVP	LOPEZ, SARA	6212 DEWEY ST.	HOLLYWOOD FL 33023	<input type="checkbox"/>

**11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** \_\_\_\_\_ *[Signature]* **01/18/07** **954 963-0676**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #