

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2009
Secretary of State**

DOCUMENT# N95000004198

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

Current Principal Place of Business:

6660 PEMBROKE ROAD
PEMBROKE PINES, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 8324
PEMBROKE PINES, FL 33084 US

New Mailing Address:

FEI Number: 65-0606284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ACOSTA, DANIEL J
Address: 6212 DEWEY ST.
City-St-Zip: HOLLYWOOD, FL 33023

Title: DS () Delete
Name: MENDOZA, VICTORIA
Address: 6016 BUCHANAN ST APT 9
City-St-Zip: HOLLYWOOD, FL 33024

Title: D () Delete
Name: MEJIA, PAULINO
Address: 3371 SW 16TH CT
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: MACIAS, MANUEL
Address: 6405 RODMAN ST
City-St-Zip: HOLLYWOOD, FL 33023

Title: DT () Delete
Name: NEREIDA, SANTOS
Address: 7170 SW 15TH ST
City-St-Zip: HOLLYWOOD, FL 33023

Title: DVP () Delete
Name: LOPEZ, SARA
Address: 6212 DEWEY ST.
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL J ACOSTA

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date