


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90446 001 \*\*\*\*61.25  
01-21-2003 90446 002 \*\*\*\*8.75

**DOCUMENT # N95000004198**

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  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**ACOSTA, ACOSTA J  
4165 SW 22 STREET APT B  
FORT LAUDERDALE FL 33317**

4. FEI Number **65-0606284**

Applied For  
 Not Applicable

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

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**

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	4165 SW 22ND STREET, B	
CITY-ST-ZIP	FORT LAUDERDALE FL 33317	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ANICO, CARMEN	
STREET ADDRESS	3701 SW 32TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input 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 type="checkbox"/> Delete
NAME	SANTOS, NEREIDA	
STREET ADDRESS	7170 SW 15TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LOPEZ, SARA	
STREET ADDRESS	4165 SW 22 STREET APT B	
CITY-ST-ZIP	FORT LAUDERDALE FL 33317	

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	<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	<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: *SIGNATURE REQUIRED* 01/12/03 (954) 316-0229

CR2E037 (10/02)