

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001286

FILED
Apr 05, 2005
Secretary of State

Entity Name: IGLESIA NUEVO AVIVAMIENTO PENTECOSTES, INC.

Current Principal Place of Business:

15631 SW 297TH STREET
LEISURE CITY, FL 33033

New Principal Place of Business:

Current Mailing Address:

PO BOX 925075
PRINCETON, FL 330925075

New Mailing Address:

14725SW302ST
LIESURE CITY, FL 33033

FEI Number: 65-0687524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, JUAN R
15631 SW 291 ST
LEISURE CITY, FL 33033 US

Name and Address of New Registered Agent:

RAMOS, JUAN R
14725 SW302 ST
LEISURE CITY, FL 33033 US

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: JUAN R RAMOS

04/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMOS, JUAN R
Address: 15721 SW 290 TER
City-St-Zip: HOMESTEAD, FL 33033

Title: VD () Delete
Name: RAMOS, ELIZABETH
Address: 14725 SW 302 ST
City-St-Zip: LEISURE CITY, FL 33033

Title: D () Delete
Name: GARCIA, SANTOS OSCAR
Address: 30340 S.W. 171 AVE.
City-St-Zip: HOMESTEAD, FL 33033

Title: T () Delete
Name: AJACUM, MARIA MARTA
Address: 30340 S.W. 171 AVE.
City-St-Zip: HOMESTEAD, FL 33030

Title: T () Delete
Name: CASTILLO, SIMONA
Address: 15631 S.W. 297 ST.
City-St-Zip: LEISURE CITY, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RAMOS, JUAN R
Address: 14725 SW 302 TER
City-St-Zip: LIESURE CITY, FL 33033

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 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 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: JUAN R RAMOS

PD

04/05/2005

Electronic Signature of Signing Officer or Director

Date