2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# N96000001286

Entity Name: IGLESIA NUEVO AVIVAMIENTO PENTECOSTES, INC.

Current Principal Place of Business:

14725SW 302 STREET
LEISURE CITY, FL 33033

New Principal Place of Business:

Current Mailing Address:

14725SW302ST
LIESURE CITY, FL 33033

New Mailing Address:

FEI Number: 65-0687524 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAMOS, JUAN R
14725 SW302 ST
LEISURE CITY, FL 33033 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: PD ( ) Delete
Name: RAMOS, JUAN R
Address: 14725 SW 302 TER
City-St-Zip: LIESURE CITY, 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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

Title: D (X) Change ( ) Addition
Name: PANTALEON, BONIFACIO
Address: 17360 SW 232 ST. LOT #65
City-St-Zip: MIAMI, FL 33170

Title: T (X) Change ( ) Addition
Name: BILSAN, SOPON
Address: 168 NW 11 ST APT# 7
City-St-Zip: HOMESTEAD, FL 33030

Title: T (X) Change ( ) Addition
Name: FRANSISCO, BATZ
Address: 28501 SW 152 AVE LOT# 198
City-St-Zip: LEISURE CITY, FL 33033

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: RAMOS ,JUAN R PD 04/07/2008

Electronic Signature of Signing Officer or Director — Date