

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001286

FILED  
Mar 16, 2009  
Secretary of State

**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: LEISURE 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: PANTALEON, BONIFACIO  
Address: 17360 SW 232 ST. LOT #65  
City-St-Zip: MIAMI, FL 33170

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

Title: T ( ) Delete  
Name: FRANCISCO, BATZ  
Address: 28501 SW 152 AVE LOT# 198  
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: ( ) 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: JUAN R RAMOS

PD

03/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date