

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004358

FILED
Apr 24, 2006
Secretary of State

Entity Name: MINISRTERIO COMUNIDADE NOVA ALIANCA, INC.

Current Principal Place of Business:

8032 W. SAMPLE RD.
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

7894 W. SAMPLE RD
MARGATE, FL 33067 US

Current Mailing Address:

P.O. BOX 770997
CORAL SPRINGS, FL 330770997

New Mailing Address:

7736 NW 25 TH
MARGATE, FL 33063

FEI Number: 65-0687859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: LOPES, LEIDMAR C PRES
Address: 3064 RIVERSIDE DR G-7
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD () Delete
Name: LOPES, RAQUEL P VPRES
Address: 3064 RIVERSIDE DR G-7
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD () Delete
Name: BRAZ, EDILSON ADJ
Address: 7894 W SAMPLE RD
City-St-Zip: CORAL SPRINGS/MARGATE, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPES, LEIDMAR C PRES
Address: 7736 NW 25TH ST
City-St-Zip: MARGATE, FL 33063

Title: VD (X) Change () Addition
Name: LOPES, RAQUEL P VPRES
Address: 7736 NW 25 TH ST
City-St-Zip: MARGATE, FL 33063

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 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: LEIDMAR LOPES

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date