

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2005
Secretary of State**

DOCUMENT# N96000005640

Entity Name: IGLESIA BAUTISTA NUEVO AMANECER INC.

Current Principal Place of Business:

5805 W 15TH CT
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

5805 W 15TH CT
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-0732507 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, LAZARO M
5805 W 15TH CT
HIALEAH, FL 33012 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: P () Delete
Name: GONZALEZ, PEDRO
Address: 17561 NW 89 COURT
City-St-Zip: MIAMI, FL 33018

Title: VP () Delete
Name: ABELLA, JOSE L JR
Address: 5805 W 15TH CT
City-St-Zip: HIALEAH, FL 33012

Title: S () Delete
Name: CENTENO, AIDA
Address: 3090 NW 97 ST
City-St-Zip: MIAMI, FL 33147

Title: T () Delete
Name: ALFONSO, GRISEL
Address: 5805 W 15TH CT
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ, PEDRO
Address: 1893 OCEAN DRIVE #109
City-St-Zip: HALLANDALE, FL 33009

Title: VP (X) Change () Addition
Name: MILIAN, SAUL
Address: 16428 SW 73 TERRACE
City-St-Zip: MIAMI, FL 33193

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: PEDRO GONZALEZ

P

01/14/2005

Electronic Signature of Signing Officer or Director

Date