

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90133 013 \*\*\*\*61.25

0018170

**DOCUMENT # N96000005640**

1. Entity Name  
**IGLESIA BAUTISTA NUEVO AMANECER INC.**



Principal Place of Business  
**5805 W 15TH CT  
HIALEAH FL 33012**

Mailing Address  
**5805 W 15TH CT  
HIALEAH FL 33012**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0732507**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALFONSO, LAZARO M  
5805 W 15TH CT  
HIALEAH FL 33012**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>LOPEZ, JOSE M</b>	
STREET ADDRESS	<b>20523 NW 44 PL</b>	
CITY-ST-ZIP	<b>CAROL CITY FL 33055</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ABELLA, JOSE L JR</b>	
STREET ADDRESS	<b>5805 W 15TH CT</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>CENTENO, AIDA</b>	
STREET ADDRESS	<b>3090 NW 97 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>ALFONSO, GRISEL</b>	
STREET ADDRESS	<b>5805 W 15TH CT</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED**

1/6/02 (305)556-6508