


FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90089 030 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N97000003751 1. Corporation Name IGLESIA NUEVA CREACION, INC.		
Principal Place of Business 10663 SATIN WOOD CIRCLE ORLANDO FL 32825	Mailing Address 10663 SATIN WOOD CIRCLE ORLANDO FL 32825	

* 3 7 3 8 3 2 *
 373032-90048-7



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
	Suite, Apt. #, etc.	26	P.O. Box 720523		05/27/1997
22	City & State	27	ORLANDO, FLORIDA	4.	FEI Number
23	Zip	29	32825		59-3457420
24	Country	30	USA	5.	Certificate of Status Desired
					<input type="checkbox"/> \$8.75 Additional Fee Required
				6.	Election Campaign Financing Trust Fund Contribution
					<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
RODRIGUEZ, ISABELINO 10663 SATIN WOOD CIRCLE ORLANDO FL 32825			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	FL
			85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ISABELINO	1.2 NAME	RODRIGUEZ, ISABELINO
STREET ADDRESS	10663 SATIN WOOD CIRCLE	1.3 STREET ADDRESS	10663 SATINWOOD CIRCLE
CITY-ST-ZIP	ORLANDO FL 32825	1.4 CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JACKELINE	2.2 NAME	RODRIGUEZ, JACKELINE
STREET ADDRESS	10663 SATIN WOOD CIRCLE	2.3 STREET ADDRESS	10663 SATINWOOD CIRCLE
CITY-ST-ZIP	ORLANDO FL 32825	2.4 CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, CESAR E	3.2 NAME	GUZMAN, CESAR E.
STREET ADDRESS	5335 ANDRUS AVENUE	3.3 STREET ADDRESS	5335 ANDRUS AVENUE
CITY-ST-ZIP	ORLANDO FL 32810	3.4 CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 2/10/99 (407) 381-2527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)