

09161999-90008-044-\$61.25-\$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



FILED

99 SEP 30 PM 1:03

DOCUMENT # N97000004845

1. Corporation Name
LA NUEVA JERUSALEN IGLESIA PENTECOSTES, INC.

SECRETARY OF STATE
616043-90008-44

Principal Place of Business
1495 W. BRYANT ST.
BARTOW FL 33830

Mailing Address
1495 W. BRYANT ST.
BARTOW FL 33830



2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/26/1997
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3473041
24 Country	29 Country	Applied For Not Applicable
25	30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

ARTEAGA, PRIMITIVO JR
4593 WESTON RD.
BARTOW FL 33830

81 Name	10. Name and Address of New Registered Agent
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 retaking)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ARTEAGA, PRIMITIVO JR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4593 WESTON RD.	1.2 NAME	
STREET ADDRESS	BARTOW FL 33830	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVST ARTEAGA, BLANCA E	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4593 WESTON RD.	2.2 NAME	
STREET ADDRESS	BARTOW FL 33830	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D TORRES, LUIS F	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	475 FORREST DR.	3.2 NAME	
STREET ADDRESS	BARTOW FL 33830	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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)(i), 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: Primitivo Arteaga SIGNATURE REQUIRED: Margarita Gil 9/2/99 (911) 535-7750
DATE: 9/2/99
TITLE: Pastor & President

CR2E037 (5/99)