

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90006 007 ****61.25

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1. Entity Name

IGLESIA CRISTIANA NUEVA UNCIÓN, INC.



Principal Place of Business

12 N.W. 1ST AVE. #UP
DANIA FL 33004

Mailing Address

P.O. BOX 1434
DANIA FL 33004

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0796119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, MARIA DEL C
258 S W 9TH STREET
DANIA FL 33004

7. Name and Address of New Registered Agent

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
Due By May 1, 2004

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

TITLE NAME ☐ Delete
P MARTINEZ, LUIS
STREET ADDRESS 222 S W 3RD STREET
CITY-ST-ZIP DANIA FL 33004

TITLE NAME ☐ Delete
V MARTINEZ, WILLIAM
STREET ADDRESS 319 W DIXIE HWY
CITY-ST-ZIP DANIA FL 33004

TITLE NAME ☐ Delete
S SALVA, JANET
STREET ADDRESS 237 S E PARK STREET, APT C
CITY-ST-ZIP DANIA FL 33004

TITLE NAME ☐ Delete
T MARTINEZ, TAMMY
STREET ADDRESS 222 S W 3RD STREET
CITY-ST-ZIP DANIA FL 33004

TITLE NAME ☐ Delete
T NIEVES, ADELICIA
STREET ADDRESS 319 W DIXIE HWY
CITY-ST-ZIP DANIA FL 33004

TITLE NAME ☐ Delete
T SANTOS, DAVID
STREET ADDRESS 258 S W 9TH STREET
CITY-ST-ZIP DANIA FL 33004

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04 (954) 650-1419
Date Daytime Phone #