



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005249 1. Entity Name IGLESIA CRISTIANA NUEVA UNCION, 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0796119 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RIVERA, MARIA DEL C 258 S W 9TH STREET DANIA FL 33004			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, LUIS		NAME		
STREET ADDRESS	222 S W 3RD STREET		STREET ADDRESS		
CITY - ST - ZIP	DANIA FL 33004		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, WILLIAM		NAME		
STREET ADDRESS	319 W DIXIE HWY		STREET ADDRESS		
CITY - ST - ZIP	DANIA FL 33004		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALVA, JANET		NAME		
STREET ADDRESS	237 S E PARK STREET, APT C		STREET ADDRESS		
CITY - ST - ZIP	DANIA FL 33004		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, TAMMY		NAME		
STREET ADDRESS	222 S W 3RD STREET		STREET ADDRESS		
CITY - ST - ZIP	DANIA FL 33004		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NIEVES, ADELICIA		NAME		
STREET ADDRESS	319 W DIXIE HWY		STREET ADDRESS		
CITY - ST - ZIP	DANIA FL 33004		CITY - ST - ZIP		
TITLE	I	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTOS, DAVID		NAME		
STREET ADDRESS	258 S W 9TH STREET		STREET ADDRESS		
CITY - ST - ZIP	DANIA FL 33004		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)(l), 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: 			May 1 - 2005		
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		