

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N97000005249

1. Entity Name

IGLESIA CRISTIANA NUEVA UNION, INC.



**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

Principal Place of Business

Mailing Address

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

P.O. BOX 1434  
DANIA FL 33004



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0796119

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

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

**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 registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

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

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

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

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

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

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-07

Date

Daytime Phone #