

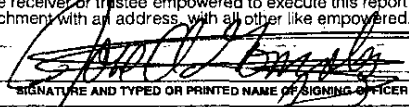


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90022 020 ****61.25

DOCUMENT # N97000006281					
1. Entity Name IGLESIA - "UN NUEVO COMIENZO"...DE LAS ASAMBLEA DE DIOS INC.					
Principal Place of Business 1725 S. VOLUSIA AVE. ORANGE CITY, FL 32763			Mailing Address P. O. BOX 0396 DELTONA, FL 32739 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country			
4. FEI Number 59-3485616				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, JOSE-A REV. 1621 N. NORMANDY BLVD. DELTONA, FL 32725			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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: TD NAME: GONZALEZ, JOSE A REV. STREET ADDRESS: 1621 N. NORMANDY BLVD. CITY-ST-ZIP: DELTONA, FL 32725	<input checked="" type="checkbox"/> Delete		TITLE: PDC NAME: Gonzalez, Jose A REV. STREET ADDRESS: 601 Alder Grove Drive CITY-ST-ZIP: Deltona FL 32725	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: TD NAME: CAPEDA, JOHONNY STREET ADDRESS: 1912 SAXON BLVD CITY-ST-ZIP: DELTONA, FL 32725	<input checked="" type="checkbox"/> Delete		TITLE: TS NAME: Elizabeth Denis STREET ADDRESS: 1003 yale Drive CITY-ST-ZIP: Deltona FL 32738	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: T NAME: PEREZ, HECTOR STREET ADDRESS: 1912 SAXON BLVD CITY-ST-ZIP: DELTONA, FL 32725	<input checked="" type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 02/01/04 (386) 860-9950		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					