


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90081 002 ****70.00

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DOCUMENT # N97000006865					
1. Entity Name IGLESIA DEL NAZARENO DE WINTER PARK, INC.					
Principal Place of Business 1220 FORMOSA AVENUE WINTER PARK, FL 32789		Mailing Address 1220 FORMOSA AVENUE WINTER PARK, FL 32789			
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 59-3158302	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GUZMAN, ANGEL M 1220 FORMOSA AVENUE WINTER PARK, FL 32789				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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CARLOS		NAME	De Leon, Raul	
STREET ADDRESS	S. NORTH LAKE BLVD APT. 1062		STREET ADDRESS	3810 Sutton Place Apt. 1213	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOSADO, LYDIA		NAME	Montalvo, Felipe	
STREET ADDRESS	4515 ADANSON ST		STREET ADDRESS	2296 Cobblefield	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	Apopka, FL 32703	
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, FRANCISCO		NAME		
STREET ADDRESS	5903 LEMOS CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, IRMA I		NAME		
STREET ADDRESS	6758 MERITMOOR CIR.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, ARIUSKA		NAME		
STREET ADDRESS	9460 TURKEY OAK RD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, ANGEL M		NAME		
STREET ADDRESS	9460 TURKEY OAK RD.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32817		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Angel M. Guzman</i>		Angel M. Guzman, Pastor April 3, 06 321-662-0478			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	