

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90188 047 \*\*\*\*70.00

<b>DOCUMENT #N97000006865</b> 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 - No P.O. Box # 5503 N. Hiawassee Rd.		3. Mailing Address P.O. Box 682060			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando, Florida		City & State Orlando, Florida		4. FEI Number 59-3158302	
Zip 32818		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  GUZMAN, ANGEL M 1220 FORMOSA AVENUE WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Angel M. Guzman Street Address (P.O. Box Number is Not Acceptable) 5503 N. Hiawassee Rd. City Orlando <b>FL</b> Zip Code 32818		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LEON, RAUL 3810 SUTTON PLACE SUITE 1213 WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rosario, Wilfredo 3012 Logger Ct. Orlando, FL 32817	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONRALVO, FELIPE 2296 COBBLEFIELD APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rosario, Milena 524 Santiago Ave. Orlando, FL 32807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RODRIGUEZ, FRANCISCO 5903 LEMOS CT ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rodriguez, Irma I. 5903 Lemos Ct. Orlando, FL 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ACOSTA, IRMA I 6758 MERITMOOR CIR. ORLANDO, FL 32818	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN, ARIUSKA 9460 TURKEY OAK RD ORLANDO, FL 32817	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN, ARIUSKA 9460 TURKEY OAK RD ORLANDO, FL 32817	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUZMAN, ANGEL M 9460 TURKEY OAK RD. ORLANDO, FL 32817	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> Francisco Rodriguez			4/13/07 321-233-1579 <small>Daytime Phone #</small>		