


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90071 011 ****61.25

DOCUMENT # N99000005465 1. Entity Name MINISTERIOS KOINONIA (NUEVA VIDA), INC.					
Principal Place of Business 10520 HENDERSON RD TAMPA, FL 33625 US			Mailing Address 10520 HENDERSON RD TAMPA, FL 33625 US		
2. Principal Place of Business 8000 sheldon Rd <small>Suite, Apt. #, etc.</small>		3. Mailing Address 6602 sussman PL <small>Suite, Apt. #, etc.</small> 102			
City & State Tampa, florida <small>Zip</small> 33615		City & State Tampa, fl <small>Zip</small> 33615		4. FEI Number 59-3593306	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AJO, YOLANDA REV 10520 HENDERSON RD TAMPA, FL 33625				7. Name and Address of New Registered Agent Name Beatriz Espinel Street Address (P.O. Box Number is Not Acceptable) 6602 sussman PL Apt #102 City Tampa FL <small>Zip Code</small> 33615	
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: <u><i>Beatriz Espinel</i></u> 02-17-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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		
<small>TITLE</small> SD <small>NAME</small> RAMOS, MARIA L <small>STREET ADDRESS</small> 9209 W ROBSON ST <small>CITY-ST-ZIP</small> TAMPA, FL 33615	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> TD <small>NAME</small> SYVESTRE, CLARA M <small>STREET ADDRESS</small> 8509 FOX HALL DR <small>CITY-ST-ZIP</small> TAMPA, FL 33615	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> D <small>NAME</small> ZERDA, JOHN <small>STREET ADDRESS</small> 22314 YACHT CLUB TER <small>CITY-ST-ZIP</small> LAND-O-LAKES, FL 33639	<input checked="" type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> P <small>NAME</small> AJO, YOLANDA <small>STREET ADDRESS</small> 10520 HENDERSON RD <small>CITY-ST-ZIP</small> TAMPA, FL 33625	<input checked="" type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> President <small>STREET ADDRESS</small> Angel Perez <small>CITY-ST-ZIP</small> 6602 sussman PL #102 Tampa, fl 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> 	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> 	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> 	<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: <u><i>CLARA M. SYVESTRE</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>02-17-05</u>		Daytime Phone # <u>(813) 882-8586</u>

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