2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State
02-02-2006 90046 009 ****61.25

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1. Entity Name
MINISTERIOS KOINONIA (NUEVA VIDA), INC.

Principal Place of Business	Mailing Address
8000 SHELDON RD TAMPA, FL 33615 US	6602 SUSSMAN PL TAMPA, FL 33615 US

01232006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
8716 GARDNER RD.		8716 GARDNER RD	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
TAMPA, FL.		TAMPA, FLORIDA	
City & State		City & State	
Zip 33625	Country	Zip 33625	Country

4. FEI Number 59-3593306 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESPINEL, BEATRIZ 6602 SUSSMAN PL APT #102 TAMPA, FL 33615	Name JOSE R. BAEZ Street Address (P.O. Box Number is Not Acceptable) 4134 MYLADY LANE #1 LAND OLAKES FLORIDA City FL Zip Code 34639

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 reinstating) DATE

Filing Fee is $61.25 **Due by May 1, 2006**	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 STREET ADDRESS CITY-ST-ZIP	SD RAMOS, MARIA L 9209 W ROBSON ST TAMPA, FL 33615	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SYVESTRE, CLARA M 8509 FOX HALL DR TAMPA, FL 33615	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, ANGEL 6602 SUSSMAN PL #102 TAMPA, FL 33615	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSE R. BAEZ 4134 MYLADY LANE #1 LAND OLAKES FL. 34639	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADMINISTER 4134 MYLADY LANE #1 LAND OLAKES FL. 34639	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: CLARA M. SILVESTRE T.D. 1-27-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #