


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90020 026 \*\*\*\*70.00

<b>DOCUMENT # N99000005465</b> 1. Entity Name MINISTERIOS KOINONIA (NUEVA VIDA), INC.	
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Principal Place of Business 16062 DANWVIEW TAMPA, FL 33624 US	Mailing Address 8716 GARDNER RD TAMPA, FL 33625 US
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40024102



**DO NOT WRITE IN THIS SPACE**

01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3593306	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SERRANO, ISIDRO 8809 SHOREHAM DR. TAMPA, FL 33635	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RAMOS, MARIA L 9209 W ROBSON ST TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SYVESTRE, CLARA M 8509 FOX HALL DR TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SERRANO, ISIDRO 8809 SHOREHAM DR TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	A BAEZ, JOSE R 4134 MY LADY LANE #1 LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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>Clara M. Silvestre</i> CLARA M. SILVESTRE TESORERO	<i>Maria L. Ramos</i> MARIA L. RAMOS SECRETARIO	<i>Isidro Serrano</i> ISIDRO SERRANO PRESIDENTE	813-264-6052 8/13/08 Date Daytime Phone #
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