

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000007568

1. Entity Name
 IGLESIA NUEVA ESPERANZA, INC.



Principal Place of Business
 5844 SOUTH DALE MABRY
 TAMPA, FL 33611

Mailing Address
 530 TUSCANNY STREET
 BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE



07112006 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

GUILLEN, EVANGELINA
 4011 S. MANHATTAN AVE., APT. 315
 TAMPA, FL 33611

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25
Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

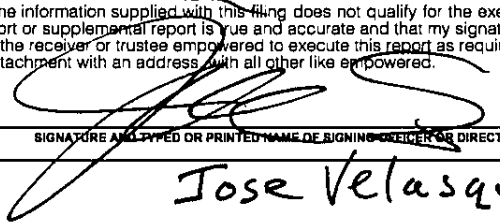
U00000570111
 07/13/06-80019-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELASQUEZ, JOSE 530 TUSCANNY STREET BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILLEN, EVANGELINA 4011 S MANHATTAN AVE APT 315 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, BIENVENIDO 6309 S ADELIA AVE TAMPA, FL 33616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **7/10/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jose Velasquez