

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012684

Entity Name: MINISTERIO NUEVA ESPERANZA, INC.**Current Principal Place of Business:**399 ALTA VISTA AVENUE
FORT MYERS, FL 33905**Current Mailing Address:**P.O. BOX 50966
FORT MYERS, FL 33994 US**FEI Number:** 20-4007975**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VERA, NANCY DR.
399 ALTA VISTA AVENUE
FORT MYERS, FL 33905 US*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.***SIGNATURE:** MICHELA TREVINO

01/10/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name TREVINO, ROBERTO
Address 3319 ANDALUSIA BLVD
City-State-Zip: CAPE CORAL FL 33909

Title PASTOR
Name TREVINO, MICHELA
Address 3319 ANDALUSIA BLVD
City-State-Zip: CAPE CORAL FL 33909

Title TREASURER
Name VERA, NANCY DR.
Address 399 ALTA VISTA AVENUE
City-State-Zip: FORT MYERS FL 33905

Title ELDER
Name VERA, RAUL
Address 399 ALTA VISTA AVENUE
City-State-Zip: FORT MYERS FL 33905

Title ELDER
Name MARTINEZ LOPEZ, GUADALUPE
Address 399 ALTA VISTA AVENUE
City-State-Zip: FORT MYERS FL 33905

Title ELDER
Name VIERA, FABIAN
Address 399 ALTA VISTA AVENUE
City-State-Zip: FORT MYERS FL 33905

Title ELDER
Name VIERA, JACQUELINE
Address 399 ALTA VISTA AVENUE
City-State-Zip: FORT MYERS FL 33905

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY VERA

TREASURER

01/10/2022

Electronic Signature of Signing Officer/Director Detail

Date