## 2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000012684

Entity Name: MINISTERIO NUEVA ESPERANZA, INC.

FILED
Oct 28, 2024
Secretary of State
1249605154CC

## **Current Principal Place of Business:**

399 ALTA VISTA AVENUE FORT MYERS, FL 33905

## **Current Mailing Address:**

399 ALTA VISTA AVENUE FORT MYERS, FL 33905 US

FEI Number: 20-4007975 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LAVARIEGA, SULMA 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: SULMA LAVARIEGA 10/28/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PD Title PASTOR

NameTREVINO, ROBERTONameTREVINO, MICHELAAddress1205 WALDEN DRIVEAddress1205 WALDEN DRIVECity-State-Zip:FORT MYERS FL 33901City-State-Zip:FORT MYERS FL 33901

Title ELDER Title ELDER

NameMARTINEZ LOPEZ, GUADALUPENameMARQUEZ, AGUSTINAddress399 ALTA VISTA AVENUEAddress399 ALTA VISTA AVENUECity-State-Zip:FORT MYERS FL 33905City-State-Zip:FORT MYERS FL 33905

Title ELDER Title SECRETARY

Name CORTES, LUIS D Name MATHEIS, ADAMARIS

Address 399 ALTA VISTA AVENUE Address 399 ALTA VISTA

City-State-Zip: FORT MYERS FL 33905

City-State-Zip: FORT MYERS FL 33905

City-State-Zip: FORT MYERS FL 33905 City-State-Zip: FORT MYERS FL 3390

Title TREASURER

Name LAVARIEGA, SULMA Address 399 ALTA VISTA

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: MICHELA TREVINO PASTOR 10/28/2024

Electronic Signature of Signing Officer/Director Detail

Date