2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# 723018

Entity Name: IGLESIA FUENTE DE VIDA ASAMBLEA DE DIOS, INC.

Current Principal Place of Business:

27859 S. DIXIE HIGHWAY
NARANJA, FL 33032

New Principal Place of Business:

14444 SW 293 TERR.
LEISURE CITY, FL 33033

Current Mailing Address:

27859 S. DIXIE HIGHWAY
NARANJA, FL 33032

New Mailing Address:

14444 SW 293 TERR.
LEISURE CITY, FL 33033

FEI Number: 65-0464903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ORTIZ, EFRAIN
14444 SW 293 TERR.
LEISURE CITY, FL 33033 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ORTIZ, EFRAIN (PASTO, R)
Address: 14444 SW 293 TERR.
City-St-Zip: LEISURE CITY, FL 33033

Title: STD ( ) Delete
Name: HICKSON, REBECA
Address: 1251 NE 12 AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete
Name: ORTIZ, RHONDA
Address: 5 NE 12 AVE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EFRAIN ORTIZ PD 04/29/2004

Electronic Signature of Signing Officer or Director — Date