


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90036 018 \*\*\*\*70.00

<b>DOCUMENT # N02000008188</b>			
1. Entity Name <b>IGLESIA PENTECOSTAL CRISTO FUENTE DE VIDA, INC.</b>			
Principal Place of Business <b>416 SE 19TH LANE CAPE CORAL FL 33990</b>		Mailing Address <b>416 SE 19TH LANE CAPE CORAL FL 33990</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>MELENDEZ, AGUSTIN 416 SE 19TH LANE CAPE CORAL FL 33990</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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.		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> MELENDEZ, AGUSTIN 416 SE 19TH LANE CAPE CORAL FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S</b> Melendez Marisabel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 416 SE 19 Lane Cape Coral Florida 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> RUEDA, GHISLAINE <input checked="" type="checkbox"/> Delete 5018 SW 15TH PLACE CAPE CORAL FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> Velazquez, laudelina <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1314 NE Van Loon Lane Cape Coral Florida 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> TORIBIO, GERALDO <input type="checkbox"/> Delete 913 SW 56TH STREET CAPE CORAL FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> VELAZQUEZ, LAUDELINA <input checked="" type="checkbox"/> Delete 1314 NE VAN LOON LANE CAPE CORAL FL 33909	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MARINA, PEREZ <input type="checkbox"/> Delete 1723 NE 17 ST CAPE CORAL FL 33909	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MARISALUEL, MELENDZ <input checked="" type="checkbox"/> Delete 416 SE 19 LN CAPE CORAL FL 33990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: AGUSTIN MELENDEZ**  **2/11/04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #