

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008188

FILED  
Apr 24, 2005  
Secretary of State

**Entity Name:** IGLESIA PENTECOSTAL CRISTO FUENTE DE VIDA, INC.

**Current Principal Place of Business:**

416 SE 19TH LANE  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

416 SE 19TH LANE  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 01-0748203      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MELENDEZ, AGUSTIN  
416 SE 19TH LANE  
CAPE CORAL, FL 33990      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: VS      ( ) Delete  
Name: MELENDEZ, MARISABEL  
Address: 416 SE 19TH LANE  
City-St-Zip: CAPE CORAL, FL 33990

Title: T      ( ) Delete  
Name: VELAZQUEZ, LAUDELINA  
Address: 1314 NE VAN LOON LANE  
City-St-Zip: CAPE CORAL, FL 33909

Title: D      ( ) Delete  
Name: TORIBIO, GERALDO  
Address: 913 SW 56TH STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: D      ( ) Delete  
Name: MARINA, PEREZ  
Address: 1723 NE 17 ST  
City-St-Zip: CAPE CORAL, FL 33909

**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:

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: AGUSTIN MELENDEZ

P

04/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date