

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2006
Secretary of State**

DOCUMENT# N02000008188

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 Chapter 119, 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: MELENDEZ AGUSTIN

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date