

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008188

FILED  
Jun 18, 2009  
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 (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

MELENDEZ, AGUSTIN  
416 SE 19TH LANE  
CAPE CORAL, FL 33990      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

Title: T      ( ) Delete  
Name: NUNEZ, SUSANA  
Address: 1019 SE 6 TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

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

Title: ST      (X) Delete  
Name: AMAYA, HERIBERTO F  
Address: 2604 KAMAL PKWY.  
City-St-Zip: CAPE CORAL, FL 33904

Title: D      (X) Delete  
Name: GONZALEZ, MARIA C  
Address: 319 NICHOLAS PKWY.E.  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T      (X) Change ( ) Addition  
Name: AMAYA, HERIBERTO  
Address: 2604 KAMAL PKWY.  
City-St-Zip: CAPE CORAL, FL 33904

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 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: AGUSTIN MELENDEZ

D

06/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date