

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010224

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: IGLESIA RIOS DE AGUA VIVA INC.

**Current Principal Place of Business:**

880 SAN REMON AVE  
NAPLES, FL 34104

**New Principal Place of Business:**

13281 PASEDO DR  
NAPLES, FL 34114

**Current Mailing Address:**

880 SAN REMON AVE  
NAPLES, FL 34104

**New Mailing Address:**

13281 PASEDO DR  
NAPLES, FL 34114

FEI Number: 20-1822249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SUEYERO, EDILBERTO  
880 SAN REMON AVE  
NAPLES, FL 34104 US

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

SUEYERO, EDILBERTO  
13281 PASEDO DR  
NAPLES, FL 34114 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:

01/21/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SUEYERO, EDILBERTO  
Address: 880 SAN REMON AVE  
City-St-Zip: NAPLES, FL 34104

Title: DV ( ) Delete  
Name: RODRIGUEZ, MARIA D  
Address: LAUREN RIDGE ST  
City-St-Zip: NAPLES, FL 34116

Title: DT ( ) Delete  
Name: QUINONES, JOSE M  
Address: LAUREN RIDGE ST  
City-St-Zip: NAPLES, FL 34116

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

Title: DP (X) Change ( ) Addition  
Name: SUEYERO, EDILBERTO  
Address: 13281  
City-St-Zip: NAPLES, FL 34114

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: 9234

DP

01/21/2008

Electronic Signature of Signing Officer or Director

Date