


**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90138 023 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N47862**

1. Corporation Name

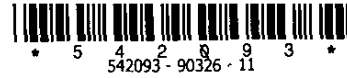
**IGLESIA FUENTE DE SALVACION MISIONERA, INC.**

Principal Place of Business

1247 MC NIEL RD  
 NORTH FT. MYERS FL 33903  
 US

Mailing Address

% JULIO C. CUELLO  
 25 S.W. 19TH LANE  
 CAPE CORAL FL 33991



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		03/12/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0324030	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CUELLO, JULIO C. 25 SOUTHWEST 19TH LANE CAPE CORAL FL 33914				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CUELLO, JULIO C.			1.2 NAME	Eloisa Rodriguez		
STREET ADDRESS	25 SW 19TH LANE			1.3 STREET ADDRESS	4932 Lucket # Road		
CITY-ST-ZIP	CAPE CORAL FL			1.4 CITY-ST-ZIP	Fort Myers, Florida 33905		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PAGAN, CARLOS			2.2 NAME	Sarita Rivera		
STREET ADDRESS	937 SW 31ST TERRACE			2.3 STREET ADDRESS	1725 S.W. Santa Barbara Place		
CITY-ST-ZIP	CAPE CORAL FL			2.4 CITY-ST-ZIP	Cape Coral, Florida 33991		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAZ, ANA			3.2 NAME			
STREET ADDRESS	3716 S.E. 2ND AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julio C. Cuello  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 (941) 458-3370  
Date Daytime Phone #

CR2E037 (1/198)