



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90283 007 \*\*\*\*61.25

<b>DOCUMENT # N47862</b> 1. Entity Name <b>IGLESIA FUENTE DE SALVACION MISIONERA, INC.</b>					
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 Suite, Apt. #, etc.		3. Mailing Address <i>% Julio C. Cuello</i> <i>1507 S.W 4th Ct.</i>			
City & State		City & State <i>Cape Coral, FL</i>		04132005 Chg-NP CR2E037 (10/03)	
Zip 33991	Country Lee	4. FEI Number 65-0324030		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <b>CUELLO, JULIO C.</b> <b>25 SOUTHWEST 19TH LANE</b> <b>CAPE CORAL, FL 33914</b>	
7. Name and Address of New Registered Agent Name <i>Julio C. Cuello</i> Street Address (P.O. Box Number is Not Acceptable) <i>1507 S.W 4th Ct.</i> <i>Cape Coral, FL</i> City <i>FL</i> Zip Code <i>33991</i>				8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUELLO, JULIO 1507 SW 4TH CT. CAPE CORAL, FL 33991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramon Felix 215 NW 4th St Cape Coral FL 33991	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AGUILAR, SANDRA Y 205 SW21 TERRACE CAPE CORAL, FL 33991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VELEZ, SAMUEL 3911 SW S PLACE CAPE CORAL, FL 33914	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VELEZ, SAMUEL 3911 SW S PLACE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ANDUJAR, DOMINGO 1175 WHITEHEAD CREEK LOOP FORT MYERS, FL 33916	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ANDUJAR, DOMINGO 1175 WHITEHEAD CREEK LOOP FORT MYERS, FL 33916	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUELLO, ESTER 1507 SW 4TH CT. CAPE CORAL, FL 33991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	326 S.W 19th Ln. Cape Coral, FL 33991	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVARADO, NORBERTO 1237 EVEREST PKY CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Julio C. Cuello</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/12/05 (239) 458-3370 <small>Date Daytime Phone #</small>		