


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90241 046 ****70.00

DOCUMENT # N99000005266

1. Entity Name
IGLESIA FUENTE DE SALVACION, INC.



Principal Place of Business
 3711 N. US HWY. 17
 DELAND, FL 32724

Mailing Address
 4539 SUE ST.
 DELEON SPRINGS, FL 32730

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 1084
 Suite, Apt. #, etc.

City & State
DELEON SPRINGS, FL

City & State
DELEON SPRINGS, FL

Zip
 Country

Zip
 Country
32130 VOLUSIA



04212004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

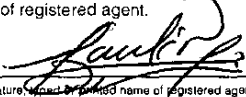
6.-Name and Address of Current Registered Agent

PAULINO, VICTORIANO REV.
4539 SUE ST.
DELEON SPRINGS, FL 32130

7.-Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
324 S. WINSLOW AVE.
 City **DELAND** FL Zip Code **32724**

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  DATE **4/26/04**

Signature of the person named as registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME STREET ADDRESS CITY-ST-ZIP	PAULINO, ISMAEL 2150 LIME ST DELAND, FL 32720	<input type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-ST-ZIP
T NAME STREET ADDRESS CITY-ST-ZIP	DELGADO, MISHAEL P.O. BOX 42 PIERSON, FL 32180	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME STREET ADDRESS CITY-ST-ZIP	PAULINO, VICTORIANO 4539 SUE STREET DELEON SPRINGS, FL 32130	<input type="checkbox"/> Delete	P. NAME STREET ADDRESS CITY-ST-ZIP
T NAME STREET ADDRESS CITY-ST-ZIP	PAULINO, RIGBERTO 808 S FLORIDA AVE DELAND, FL 32720	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	C. NAME STREET ADDRESS CITY-ST-ZIP
T NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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)(f), 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.

SIGNATURE:  DATE **4/26/04** (386)738 9228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR