

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004762

**FILED**  
**May 01, 2016**  
**Secretary of State**  
**CC9021453087**

**Entity Name:** IGLESIA CRISTIANA FUENTE DE VIDA INC.

**Current Principal Place of Business:**

17187 SOUTHWEST 144TH PLACE  
MIAMI, FL 33177

**Current Mailing Address:**

17187 SOUTHWEST 144TH PLACE  
MIAMI, FL 33177

**FEI Number: 45-2338764**

**Certificate of Status Desired: Yes**

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

DE LA ROSA, MAGALY M  
17187 SOUTHWEST 144 PLACE  
MIAMI, FL 33177 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

**Officer/Director Detail :**

Title PD  
Name DE LA ROSA, FRANCISCO  
Address 17187 SOUTHWEST 144TH PLACE  
City-State-Zip: MIAMI FL 33177

Title VD  
Name DE LA ROSA, MAGALY M  
Address 17187 SOUTHWEST 144TH PLACE  
City-State-Zip: MIAMI FL 33177

Title SD  
Name MORALES, MELANI  
Address 27725 SW 165 AVE.  
City-State-Zip: HOMESTEAD FL 33031

Title TD  
Name MORALES, FRANCO  
Address 27725 SW 165 AVE.  
City-State-Zip: HOMESTEAD FL 33031

Title VM  
Name MARTINEZ, MARTIN  
Address 660 SW 15 ST  
City-State-Zip: FLORIDA CITY FL 33034

*I hereby 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 all other like empowered.*

**SIGNATURE: MAGALY DE LA ROSA**

**VICE PRESIDENT**

**05/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date