

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47862

**Entity Name:** IGLESIA MISIONERA FUENTE DE SALVACION, INC.

**Current Principal Place of Business:**

1245 MCNEILL ROAD  
NORTH FT. MYERS, FL 33903

**Current Mailing Address:**

% JULIO C. CUELLO  
1507 SW 4TH COURT  
CAPE CORAL, FL 33991

**FEI Number:** 65-0324030

**Certificate of Status Desired:** Yes

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

CUELLO, JULIO C.  
1507 SE 4TH COURT  
CAPE CORAL, FL 33991 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 P  
Name CUELLO, JULIO  
Address 1507 SW 4TH CT.  
City-State-Zip: CAPE CORAL FL 33991

Title T  
Name SAGASTUME, ROSA  
Address 330 N.E 19TH AVE  
City-State-Zip: CAPE CORAL FL 33909

Title D  
Name AGUILAR, SANDRA  
Address 510 NW 24TH TERRACE  
City-State-Zip: CAPE CORAL FL 33993

Title V  
Name ANDUJAR, DOMINGO  
Address 1175 WHITEHEAD CREEK LOOP  
City-State-Zip: FORT MYERS FL 33916

Title D  
Name CUELLO, ESTER  
Address 1507 SW 4TH CT.  
City-State-Zip: CAPE CORAL FL 33991

Title S  
Name FELIZ, RAYMOND  
Address 215 NW 4TH ST  
City-State-Zip: CAPE CORAL FL 33993

*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:** ROSA SAGASTUME

**TREASURER**

**02/23/2017**

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

\_\_\_\_\_  
Date