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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740107 (8)
1. Corporation Name
PRIMERA IGLESIA CRISTIANA MANANTIAL DE VIDA, INC



Principal Place of Business 5990 GOLDEN GATE PARKWAY NAPLES FL 33999	Mailing Address 5990 GOLDEN GATE PARKWAY NAPLES FL 34116-7457
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3. Date Incorporated or Qualified 09/12/1977	3a. Date of Last Report 05/15/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 34116	Country 25
Zip 29	Country 30

4. FEI Number 59-2303596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHWEIKHARDT, WILLIAM 900 SIXTH AVENUE SOUTH NAPLES FL 33940				10. Name and Address of New Registered Agent			
81 Name				81 Name			
82 Street Address (P.O. Box Number Is Not Acceptable)				82 Street Address (P.O. Box Number Is Not Acceptable)			
83				83			
84 City				84 City			
				FL 85 Zip Code			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME ESPINOSA, JOSE	1.1 TITLE PD	1.2 NAME ESPINOSA, JOSE
STREET ADDRESS 5430 CATS	CITY-ST-ZIP NAPLES FL 33962	1.3 STREET ADDRESS 5036 28th PL SW	1.4 CITY-ST-ZIP NAPLES, FL 34116
TITLE TD	NAME MARTIN, JORGE	2.1 TITLE TD	2.2 NAME MELECIO ALZAMORA
STREET ADDRESS 6141 S.W. 24 AVE.	CITY-ST-ZIP NAPLES FL	2.3 STREET ADDRESS 115 PRICE ST	2.4 CITY-ST-ZIP NAPLES, FL 34113
TITLE TD	NAME ROMAN, ISSAC	3.1 TITLE TD	3.2 NAME ROMAN, ISAAC
STREET ADDRESS 2670 S.W. 48 TERRACE	CITY-ST-ZIP NAPLES FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE STD	NAME ORTIZ, VICTOR	4.1 TITLE	4.2 NAME
STREET ADDRESS 5217 JENNINGS ST.	CITY-ST-ZIP NAPLES FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ DATE _____ Daytime Phone # **0060176**

CR2E037 (9/96)