


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 08 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 740107 (8)**  
 1. Corporation Name  
**PRIMERA IGLESIA CRISTIANA MANANTIAL DE VIDA, INC**



Principal Place of Business <b>5900 GOLDEN GATE PARKWAY NAPLES FL 33909</b>	Mailing Address <b>5900 GOLDEN GATE PARKWAY NAPLES FL 33909</b>
--	--

3. Date Incorporated or Qualified  
**09/12/1977**

4. FEI Number  
**59-2303596**

Applied For	
Not Applicable	

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	Country 25
Zip 29	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

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		DELETE
TITLE	<b>PD ESPINOSA, JOSE</b>	<input type="checkbox"/>
NAME	<b>5036 28TH PL SW</b>	
STREET ADDRESS	<b>NAPLES FL</b>	
CITY-ST-ZIP		
TITLE	<b>TD MELECIO, ALZAMORA</b>	<input type="checkbox"/>
NAME	<b>115 PRICE ST</b>	
STREET ADDRESS	<b>NAPLES FL</b>	
CITY-ST-ZIP		
TITLE	<b>TD ROMAN, ISAAC</b>	<input checked="" type="checkbox"/>
NAME	<b>2670 S.W. 48 TERRACE</b>	
STREET ADDRESS	<b>NAPLES FL</b>	
CITY-ST-ZIP		
TITLE	<b>STD ORTIZ, VICTOR</b>	<input type="checkbox"/>
NAME	<b>6217 JENNINGS ST.</b>	
STREET ADDRESS	<b>NAPLES FL</b>	
CITY-ST-ZIP		
TITLE	<b>TR Augusto Gardia</b>	<input type="checkbox"/>
NAME	<b>425 SW 27th Ct #101 Bldg 45</b>	
STREET ADDRESS	<b>Naples, FL 34116</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>TR</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<b>TR</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: \_\_\_\_\_ **José Espinosa** 04/20/98 (941) 455-2733

CR2E037 (10/97)