

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90296 043 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740107**

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 33999
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 <u>34116</u> 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 <u>34116</u> 30 Country	3. Date Incorporated or Qualified <b>09/12/1977</b>	4. FEI Number <b>59-2303596</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHWEIKHARDT, WILLIAM 900 SIXTH AVENUE SOUTH NAPLES FL 33940				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ESPINOSA, JOSE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5036 28TH PL SW	1.2 NAME	
STREET ADDRESS	NAPLES FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TR MELECIO, ALZAMORA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	115 PRICE ST	2.2 NAME	
STREET ADDRESS	NAPLES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TR GANDIA, AUGUSTO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4251 SW 27TH COURT #101 BLDG 45	3.2 NAME	
STREET ADDRESS	NAPLES FL 34116	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TS ORTIZ, VICTOR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5217 JENNINGS ST.	4.2 NAME	
STREET ADDRESS	NAPLES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **DATE:** 04/27/99 **DAYTIME PHONE #:** (941) 455-2733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)