

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740107

FILED
Apr 14, 2009
Secretary of State

Entity Name: PRIMERA IGLESIA CRISTIANA MANANTIAL DE VIDA, INC.

Current Principal Place of Business:

5990 GOLDEN GATE PARKWAY
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

5990 GOLDEN GATE PARKWAY
NAPLES, FL 34116

New Mailing Address:

FEI Number: 59-2303596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHWEIKHARDT, WILLIAM
900 SIXTH AVENUE SOUTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ESPINOSA, JOSE PASTOR
Address: 5036 28TH PLACE, S.W.
City-St-Zip: NAPLES, FL 34116

Title: S () Delete
Name: ORTIZ, VICTOR S
Address: 5217 JENNINGS STREET
City-St-Zip: NAPLES, FL 34113

Title: T () Delete
Name: HUAMBACHANO, AGUSTIN R T
Address: 2233 KEANE COURT
City-St-Zip: NAPLES, FL 34117

Title: O () Delete
Name: ALZAMORA, MELESIO OFFICER
Address: 2379 55TH STREET, S.W.
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSE ESPINOSA

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date