

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90319 021 ****61.25

DOCUMENT # 740107



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

Principal Place of Business
**5990 GOLDEN GATE PARKWAY
NAPLES FL 34116**

Mailing Address
**5990 GOLDEN GATE PARKWAY
NAPLES FL 34116**

740107



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2303596**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHWEIKHARDT, WILLIAM
900 SIXTH AVENUE SOUTH
NAPLES FL 33940**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **ESPINOSA, JOSE**
STREET ADDRESS **5036 28TH PL SW**
CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR** Delete
NAME **MELECIO, ALZAMORA**
STREET ADDRESS **2379 55TH ST**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR** Delete
NAME **GANDIA, AUGUSTO**
STREET ADDRESS **4633 SW 27TH CT SW #205**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TS** Delete
NAME **ORTIZ, VICTOR**
STREET ADDRESS **5217 JENNINGS ST.**
CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR** Delete
NAME **Ricardo Huambachano**
STREET ADDRESS **2859 50th Terr SW**
CITY-ST-ZIP **NAPLES, FL 34116**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **Jose Espinosa** 04/24/03 (239) 475-2733

CR2E037 (10/02)