2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F02000005172

Title:

Name:

Address:

City-St-Zip:

DT

BERRIOS, PABLO

LAS PIEDRAS, PR 00771

P.O. BOX 1445

() Delete

Oct 11, 2007 Secretary of State

Entity Name: IGLESIA FUENTE DE SALVACION MISIONERA INC., MOVIMIENTO INTERNACIONAL

Current Principal Place of Business: New Principal Place of Business: 4912N NEBRASKA AVE. 2311 NE 7TH. AVE TAMPA, FL 336744336 CAPE CORAL, FL 33909 **Current Mailing Address: New Mailing Address:** P.O.BOX 8932 2311 NE 7TH. AVE TAMPA, FL 336744336 CAPE CORAL, FL 33909 FEI Number: 04-3754060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GONZÁLEZ, FÉLIX A RIVERA, NELSON W 2311 NË 7TH. AVE. 8733 33RD ST. TAMPA, FL 33604 CAPE CORAL, FL 33909 US US 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: REV. NELSON W. RIVERA 10/11/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DELGADO, MISAEL MARIN Name: Name: PO BOX 91 Address: Address: City-St-Zip: LAS PIEDRAS, PR 00771 City-St-Zip: Title: **VCVP** () Delete Title: () Change () Addition Name: PADIN, JOSE A Name: Address: P.O. BOX 1581 Address: VEGA BAJA, PR 006941581 City-St-Zip: City-St-Zip: Title: DS () Delete Title: () Change () Addition RIVERA, NELSON W Name: Name: HC-04 BOX 4261 Address: Address: City-St-Zip: LAS PIEDRAS, PR 007719612 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: REV. NELSON W. RIVERA DS 10/11/2007

() Change () Addition