


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000001337</b>		
1. Entity Name <b>MANANTIAL DE VIDA ASSEMBLY OF GOD, INC.</b>		
Principal Place of Business <b>407 S SATURN AVE CLEARWATER, FL 33755</b>	Mailing Address <b>P.O. BOX 8727 CLEARWATER, FL 33765</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DOROTEO, LUIS 11105 BOUNTY ST NEW PORT RICHEY, FL 34654</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>U000000628354 02/16/07-80012-008 70.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOROTEO, LUIS 1113 N SATURN AVE CLEARWATER, FL 33755	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOJAY, FRANCIS G 175 US ALT 19S PALM HARBOR, FL 34683	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT QUINTANA, ENRIQUE 3204 FINCH DR HOLIDAY, FL 34690	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Luis Doroeteo Luis DOROTEO, Pres.</u> 2/6/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>