

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000001337

1. Entity Name
MANANTIAL DE VIDA ASSEMBLY OF GOD, INC.



Principal Place of Business

**407 S SATURN AVE
CLEARWATER, FL 33755**

Mailing Address

**P.O. BOX 8727
CLEARWATER, FL 33765**



DO NOT WRITE IN THIS SPACE

08042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3713200

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOROTEO, LUIS
11105 BOUNTY ST
NEW PORT RICHEY, FL 34654**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DOROTEO, LUIS
1113 N SATURN AVE
CLEARWATER, FL 33755**

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

**DO NOT WRITE
IN THIS SPACE**

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:

Luis Doroteo **Luis DOROTEO, Pres.** 8/4/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #