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May 03, 2004 8:00 am
Secretary of State
05-03-2004 91018 002 ****61.25

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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000004773

1. Entity Name
IGLESIA FUNETE DE AGUA VIVA TAMPA FL., INC.

Principal Place of Business	Mailing Address
12250 JOHN YOUNG PKWY. ORLANDO, FL 32877	P.O. BOX 770367 ORLANDO, FL 32877

01272004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 61-1407702 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FONT, OMAYRA 12250 JOHN YOUNG PKWY. ORLANDO, FL 32877	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 reinstated) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FONT, RODOLFO P.O. BOX 3986, VALLE ARRIBA HEIGHTS STAT. CAROLINA, PR 00984	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RASADO, LUIS E P.O. BOX 607071, STE. 286 BAYAMON, PR 00960	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FONT, ROLDOLFO O PO BOX 770367 ORLANDO, FL 32877	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ENCARNACION, WILLIAM PMB 286, AVE. RIO HONDO BAYAMON, PR 00961	☒ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOMEZ, ROBERTO P.O. BOX 1528 VEGA BAJA, PR 008941528	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

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: _____ 4-26-04 407-226-1250
SIGNATURE AND TYPED OR PRINTED NAME OF RESIDENT OFFICER OR DIRECTOR — Date — Daytime Phone #