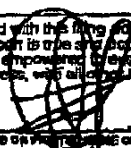


04/29/2004 10:30 FAX

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91018 002 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000004773			
1. Entity Name IGLESIA FUNETE DE AGUA VIVA TAMPA FL., INC.			
Principal Place of Business 12250 JOHN YOUNG PKWY. ORLANDO, FL 32877		Mailing Address P.O. BOX 770367 ORLANDO, FL 32877	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Filing Fee is \$81.25 Due by May 1, 2004		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FONT, OMAIRA 12250 JOHN YOUNG PKWY. ORLANDO, FL 32877		7. Name and Address of New Registered Agent 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			
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 NAME STREET ADDRESS CITY-ST-ZIP	PD FONT, RODOLFO ☐ Delete P.O. BOX 3998, VALLE ARriba HEIGHTS STAT. CAROLINA, PR 00984	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RASADO, LUIS E ☐ Delete P.O. BOX 807071, STE. 288 BAYAMON, PR 00980	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FONT, RODOLFO O ☐ Delete PO BOX 770367 ORLANDO, FL 32877	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ENCARNACION, WILLIAM ☒ Delete PMB 288, AVE. RIO HONDO BAYAMON, PR 00981	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, ROBERTO ☐ Delete P.O. BOX 1528 VEGA BAJA, PR 009941528	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(f), 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, was authorized and empowered.			
SIGNATURE: 		4-26-04 407-236-1250	
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR		DATE	