2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000000367

1. Entity Name
IGLESIA DE DIOS FUENTE DE REDENCION, INC.

Principal Place of Business	Mailing Address
1507 W SLIGH AVE. TAMPA, FL 33604	P O BOX 273947 TAMPA, FL 33688

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02112004 No Chg-NP CR2E037 (10/03)

4. FEI Number
91-1895978
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, JOSE A
10921 BRIGHTSIDE DR
TAMPA, FL 33624

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEREZ, JOSE A
STREET ADDRESS	10921 BRIGHTSIDE DR.
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	T
NAME	RIVERA, LUIS A
STREET ADDRESS	4512 W. HANNA
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	T
NAME	ESPINOSA, ZORAIDA
STREET ADDRESS	10804 WINGATE DR.
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	T
NAME	GONZALEZ, JULIO
STREET ADDRESS	5146 BALSAM DR
CITY-ST-ZIP	LAND O'LAKES, FL 34639
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/04-80159-013 70.00

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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: José A. Perez 2/14/04 (813)968-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #