

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90026 027 ****70.00

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1. Entity Name

IGLESIA DE DIOS FUENTE DE REDENCION, INC.



Principal Place of Business

1507 W SLIGH AVE.
TAMPA FL 33604

Mailing Address

P O BOX 273947
TAMPA FL 33688

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

PEREZ, JOSE A
10921 BRIGHTSIDE DR
TAMPA FL 33624

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE NAME ☐ Delete
P PEREZ, JOSE A
STREET ADDRESS 10921 BRIGHTSIDE DR.
CITY-ST-ZIP TAMPA FL 33624

TITLE NAME ☐ Delete
T RIVERA, LUIS A
STREET ADDRESS 4512 W. HANNA
CITY-ST-ZIP TAMPA FL 33614

TITLE NAME ☐ Delete
T ESPINOSA, ZORAIDA
STREET ADDRESS 10804 WINGATE DR.
CITY-ST-ZIP TAMPA FL 33624

TITLE NAME ☒ Delete
T GONZALEZ, JULIO
STREET ADDRESS 5146 BALSAM DR
CITY-ST-ZIP LAND O'LAKES FL 34639

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☒ Addition
T PABLO Reyes
STREET ADDRESS 12922 KINGS LAKE DR.
CITY-ST-ZIP GIBSONTON, FL. 33534

TITLE NAME ☐ Change ☒ Addition
T/S CARMILA Montalvo
STREET ADDRESS 7008 PONDEROSA DR.
CITY-ST-ZIP TAMPA, FL 33617

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose A. Perez

2/8/05

Date

(813) 766-7826

Daytime Phone #