

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90051 023 \*\*\*\*61.25

**DOCUMENT # N02000001568**

1. Entity Name

**IGLESIA FUENTE DE AGUA VIVA PEMBROOKS PINE FL, I  
NC.**



Principal Place of Business

**12250 JOHN YOUNG PARKWAY  
ORLANDO FL**

Mailing Address

**POST OFFICE 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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**04-366-3092**

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, OMAIRA  
12250 JOHN YOUNG PARKWAY  
ORLANDO FL**

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**

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 **PD** ☐ Delete  
NAME **FONT, RODOLFO**  
STREET ADDRESS **POST OFFICE BOX 3986**  
CITY-ST-ZIP **CAROLINA PR 00984**

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

TITLE **VD** ☐ Delete  
NAME **ROSADO, LUIS E**  
STREET ADDRESS **POST OFFICE BOX 607071 #286**  
CITY-ST-ZIP **BAYAMON PR 00960**

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

TITLE **SD** ☐ Delete  
NAME **FONT, RODOLFO O**  
STREET ADDRESS **POST OFFICE BOX 770367**  
CITY-ST-ZIP **ORLANDO FL 32877**

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

TITLE **TD** ☐ Delete  
NAME **ENCARNACION, WILLIAM**  
STREET ADDRESS **PMB 266 AVE. RIO HONDO**  
CITY-ST-ZIP **BAYAMON PR 00961**

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

TITLE **D** ☐ Delete  
NAME **GOMEZ, ROBERTO**  
STREET ADDRESS **POST OFFICE BOX 1528**  
CITY-ST-ZIP **VEGA BAJA PR 00694-1528**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 REQUIRED**

CR2E037 (10/02)