2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# N02000006515

Entity Name: IGLESIA DE DIOS MANANTIAL DE VIDA IN KISSIMMEE, INC.

Current Principal Place of Business:

1600 MABBETTE ST.
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1600 MABBETTE ST.
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 35-2208425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FIGUEROA, CARLOS A REV.
948 WHALEBONE BAY DR.
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	FIGUEROA, CARLOS A REV.	
Address:	948 WHALEBONE BAY DR.	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	STD	( ) Delete
Name:	ROSARIO, MARIA V SEC.	
Address:	1070 WINDWAY CR.	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	D	( ) Delete
Name:	MACHUCA, JESUS	
Address:	416 LA PAZ DRIVE	
City-St-Zip:	KISSIMMEE, FL 34743	
Title:	D	( ) Delete
Name:	RODRIGUEZ, ANGEL	
Address:	101 APPIAN WAY	
City-St-Zip:	KISSIMMEE, FL 34758	
Title:	D	( ) Delete
Name:	BLANCO, MAUREEN	
Address:	1613 EOLA COURT	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	D	( ) Delete
Name:	MENDEZ, JOSE	
Address:	2343 NORTH CENTRAL AVE	
City-St-Zip:	KISSIMMEE, FL 34741	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS A. FIGUEROA PD 03/01/2009

Electronic Signature of Signing Officer or Director — Date