

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008188

FILED
May 05, 2008
Secretary of State

Entity Name: IGLESIA PENTECOSTAL CRISTO FUENTE DE VIDA, INC.

Current Principal Place of Business:

416 SE 19TH LANE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

416 SE 19TH LANE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 01-0748203 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MELENDEZ, AGUSTIN
416 SE 19TH LANE
CAPE CORAL, FL 33990 US

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: P () Delete
Name: MELENDEZ, AGUSTIN
Address: 416 SE 19TH LANE
City-St-Zip: CAPE CORAL, FL 33990

Title: T () Delete
Name: NUNEZ, SUSANA
Address: 1019 SE 6 TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: VS () Delete
Name: MELENDEZ, MARISABEL
Address: 416 SE 19 LANE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: PEREZ, MARINA
Address: 1723 NE 17 ST
City-St-Zip: CAPE CORAL, FL 33909

Title: D () Delete
Name: GONZALEZ, MARIA C
Address: 319 NICHOLAS PKWY.E.
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: MELENDEZ, MARISABEL
Address: 416 SE 19 LANE
City-St-Zip: CAPE CORAL, FL 33990

Title: ST (X) Change () Addition
Name: AMAYA, HERIBERTO F
Address: 2604 KAMAL PKWY.
City-St-Zip: CAPE CORAL, FL 33904

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: AGUSTIN MELENDEZ

P

05/05/2008

Electronic Signature of Signing Officer or Director

Date