

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

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90398 001 ****61.25
 04-27-2005 90398 002 *****8.75
 04-27-2005 90398 003 *****5.00

DOCUMENT # N03000000699
 1. Entity Name
IGLESIA FUENTE SANADORA PERDON, AMOR, RESTAURACION, INC.



Principal Place of Business: **2809 GRAND AVE. FORT MYERS FL 33911**
 Mailing Address: **PO BOX 6862 FORT MYERS FL 33911**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State: City & State

4. FEI Number: **03-0506723**
 Applied For: Not Applicable

Zip: Country Zip: Country

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

6. Name and Address of Current Registered Agent
MOLINA, LUIS E
1300 WOODWARD CT. APT. 31
LEHIGH ACRES FL 33936

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOLINA, LUIS E	
STREET ADDRESS	1300 WOODWARD CT. APT. 31	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MOLINA, MILAGROS	
STREET ADDRESS	1300 WOODARD CT. APT 31	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PACHECO, CAMILE	
STREET ADDRESS	1878 WINKLER AVE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KIBBE, NORMA	
STREET ADDRESS	325 SANTA BARBARA BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33991	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COLONE, LIZETTE	
STREET ADDRESS	2017 MICHIGAN AVE.	
CITY-ST-ZIP	FORT MYERS FL 33916	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colon Lize He	
STREET ADDRESS	#1 Broadway Cir	
CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rev. Luis E. Molina* **Rev. Luis E. Molina** 04/22/05 (239)470-2101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #