

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90035 022 ****61.25

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1. Entity Name

IGLESIA DE DIOS FUENTE SANADORA INC..

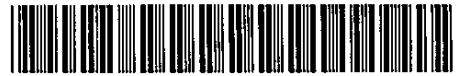


Principal Place of Business

2809 GRAND AVE.
FORT MYERS FL 33911

Mailing Address

PO BOX 6862
FORT MYERS FL 33911



2. Principal Place of Business

2800 Broadway

Suite, Apt. #, etc.

Fort Myers, FL

City & State

Florida

Zip

33901

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

03-0506723

Applied For

Not Applicable

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

Rev. Luis E. Molina

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

3/19/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 PD ☐ Delete
NAME MOLINA, LUIS E
STREET ADDRESS 1300 WOODWARD CT. APT. 31
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE VPD ☐ Delete
NAME MOLINA, MILAGROS
STREET ADDRESS 1300 WOODARD CT. APT 31
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE TD ☐ Delete
NAME KIBBE, NORMA
STREET ADDRESS 325 SANTA BARBARA BLVD.
CITY-ST-ZIP FORT MYERS FL 33991

TITLE STD ☐ Delete
NAME COLON, LIZETTE
STREET ADDRESS 7 BROADWAY CIRCLE
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Section 119, 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 Luis E. Molina p.c. march 15-06 (234) 368-5455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #