

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90043 050 ****70.00

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|--|-----------------------|---|---|--|--|
| DOCUMENT # N03000002124 | | | | | |
| 1. Entity Name IGLESIA CRISTIANA CARISMATICA FUENTE DE AMOR DE ORLANDO, INC | | | | | |
| Principal Place of Business 3943 CURRY FORD RD, SUITE 2 ORLANDO, FL 32806 US | | | Mailing Address 3155 BENSON PARK BLVD ORLANDO, FL 32829 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 43-2003882 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent OTERO, MARTIN 3155 BENSON PARK BLVD ORLANDO, FL 32829 | | | 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: <i>[Signature]</i> Registered Agent & Director <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE: 1/20/05 | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P, D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | OTERO, ANGEL R | | NAME | | |
| STREET ADDRESS | 3137 BENSON PARK BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32829 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ORTIZ, ANA M | | NAME | | |
| STREET ADDRESS | 3137 BENSON PARK BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32829 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SANTIAGO, VIVIAN | | NAME | | |
| STREET ADDRESS | 3155 BENSON PARK BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32829 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | OTERO, MARTIN | | NAME | | |
| STREET ADDRESS | 3155 BENSON PARK BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32829 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | BUSCAMPELL, JOSE M | | NAME | D Lydia Santos | |
| STREET ADDRESS | 3628 LATE MORNING CR | | STREET ADDRESS | 931 GRASSY Island LN | |
| CITY-ST-ZIP | KISSIMMEE, FL 34744 | | CITY-ST-ZIP | ORLANDO FL 32825 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VICTOR, MARTINEZ | | NAME | | |
| STREET ADDRESS | 1990 ERVING CR | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCOE, FL 34761 | | 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: <i>[Signature]</i> MARTIN OTERO Director <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE: 1/20/05 | | DAYTIME PHONE #: (407) 616-8710 |