

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006542

FILED
May 20, 2007
Secretary of State

Entity Name: IGLESIA CRISTIANA RIOS DE AGUA VIVA, INC.

Current Principal Place of Business:

807 US41 N. TAMIANI TRAIL
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

1305 ORCA CT
RUSKIN, FL 33570

New Mailing Address:

FEI Number: 54-2122061 **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:

OCASIO, JULIO C
1305 ORCA CT
RUSKIN, FL 33570 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: D () Delete
Name: TORRES, ELIZABETH
Address: 528 DOMINOS DR
City-St-Zip: NORTH RUSKIN, FL 33570

Title: D () Delete
Name: MEDINA, ANA
Address: 505 FLORIDA CIR. SO. APOLLO BEACH
City-St-Zip: APOLLO BEACH, FL 33572

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: RAQUEL, ECHEVARRIA
Address: 1305 ORCA CT
City-St-Zip: RUSKIN, FL 33570

Title: D () Change (X) Addition
Name: ARIZMENDI, HECTOR
Address: 2601 UNIVERSAL DR
City-St-Zip: RUSKIN, FL 33570

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: HECTOR ARIZMENDI

D

05/20/2007

Electronic Signature of Signing Officer or Director

Date