2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001236

FILED Feb 01, 2006 Secretary of State

Entity Name: IGLESIA MOVIMIENTO DE FE JESUS MANANTIAL DE VIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 336 5TH WAY STREET INTERLACHEN, FL 32148 INTERLACHEN, FL 32148 **Current Mailing Address: New Mailing Address:** 702 CLIFFORD STREET PO BOX 216 INTERLACHEN, FL 32148 INTERLACHEN, FL 32148 FEI Number: 20-0751548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MERCADO, NICOLAS 336 5TH WAY INTERLACHEN, FL 32148 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CRUZ, FLOR I CRUZ, JESUS Name: Name: Address: 702 CLIFFORD STREET Address: 118 MADRID AVENUE City-St-Zip: INTERLACHEN, FL 32148 City-St-Zip: INTERLACHEN, FL 32148 Title: Title: () Delete () Change () Addition Name: VELEZ, MARIA N Name: Address: 336 5TH WAY Address: City-St-Zip: INTERLACHEN, FL 32148 City-St-Zip: Title: SUBT () Delete Title: () Change () Addition RIVERA, JUANITA Name: Name: 408 HIMALAYAN STREET Address: Address: City-St-Zip: INTERLACHEN, FL 32148 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: CRITTENDEN, LEAH M Name: CRUZ, AIDA V 118 MADRID AVENUE Address: 702 CLIFFORD STREET Address: City-St-Zip: INTERLACHEN, FL 32148 City-St-Zip: INTERLACHEN, FL 32148

I hereby certify that the information supplied with this filing does not qualify for the 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: JESUS CRUZ P 02/01/2006