

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002635

FILED
May 02, 2005
Secretary of State

Entity Name: IGLESIA EVANGELICA PENTECOSTES CORONA DE AGUA VIVA, INC.

Current Principal Place of Business:

2429 SOUTH STREET
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2429 SOUTH STREET
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 11-3717081 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

ANDRES, LEXO JUAN
2429 SOUTH STREET
FORT MYERS, FL 33901 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:

Title: D () Delete
Name: ANDRES, LEXO JUAN
Address: 2429 SOUTH STREET
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: ANDRES, ANGELINA JUAN
Address: 2429 SOUTH STREET
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: MARCOS, PASCUAL M
Address: 2425 EDISON AVE.
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDRES, LEXO JUAN
Address: 2429 SOUTH STREET
City-St-Zip: FORT MYERS, FL 33901

Title: VP (X) Change () Addition
Name: ANDRES, ANGELINA
Address: 2429 SOUTH STREET
City-St-Zip: FORT MYERS, FL 33901

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEXO JUAN ANDRES

P

05/02/2005

Electronic Signature of Signing Officer or Director

Date