

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000687

FILED
May 17, 2006
Secretary of State

Entity Name: IGLESIA BAUTISTA FUENTE DE SALVACION INC.

Current Principal Place of Business:

539 SW JEANNE AVE.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

100 CYCLONE DRIVE
FORT PIERCE, FL 34945

Current Mailing Address:

539 SW JEANNE AVE.
PORT ST. LUCIE, FL 34953

New Mailing Address:

100 CYCLONE AVE
FORT PIERCE, FL 34945

FEI Number: 54-2179262 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:

CALADO, JUAN
2515 ROLYALT STREET
FORT PIERCE, FL 34947 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: P () Delete
Name: ARMENDARIZ, GERARDO PASTOR
Address: 539 SW JEANNE AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP () Delete
Name: CALADO, JUAN AP
Address: 539 SW JEANNE AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: DT () Delete
Name: REYES, EFRAIN
Address: 539 SW JEANNE AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D () Delete
Name: REYES, CECILIA
Address: 539 SW JEANNE AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: SD () Delete
Name: FUENTES, NORMA
Address: 539 SW JEANNE AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D () Delete
Name: LOPEZ, HECTOR
Address: 539 SW JEANNE AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 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: GERARDO ARMENDARIZ

P

05/17/2006

Electronic Signature of Signing Officer or Director

_____ Date