

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000687

FILED
Jan 14, 2008
Secretary of State

Entity Name: IGLESIA BAUTISTA FUENTE DE SALVACION INC.

Current Principal Place of Business:

100 CYCLONE DRIVE
FORT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

5129 NW MILNER DR.
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 54-2179262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: 5129 NW MILNER DR.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: AP () Delete
Name: CALADO, JUAN AP
Address: 2515 ROLYALT STREET
City-St-Zip: FORT PIERCE, FL 34947

Title: DT () Delete
Name: REYES, EFRAIN
Address: 5863 NW HANN DR.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D () Delete
Name: REYES, CECILIA
Address: 5863 NW HANN DR.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: SD () Delete
Name: FUENTES, NORMA
Address: 5129 NW MILNER DR.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D () Delete
Name: LOPEZ, HECTOR
Address: 5129 NW MILNER DR.
City-St-Zip: PORT ST. LUCIE, FL 34983

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
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CASTILLO, ROSA
Address: 2669 NW 32ND AVE
City-St-Zip: OKEECHOBEE, FL 34972

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

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: GERARDO ARMENDARIZ

Electronic Signature of Signing Officer or Director

P

01/14/2008

Date