

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90452 021 \*\*\*\*61.25

**DOCUMENT # N06000002274**

1. Entity Name  
**IGLESIA EVANGELICA RIOS DE AGUA VIVA, I.E.D. INC.**



Principal Place of Business  
**745 BEAL PRWY NW STE #12  
FORT WALTON BEACH, FL 32547**

Mailing Address  
**745 BEAL PRWY NW STE #12  
FORT WALTON BEACH, FL 32547**

2. Principal Place of Business - No P.O. Box #  
**348 RACETRACK RD NW**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Fort Walton Beach**  
Zip  
**32547**

City & State  
**FL**  
Zip  
Country

04242007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-4454090**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARDONA, OLMAN  
726 EGLIN PRWY NE E-1  
FORT WALTON BEACH, FL 32547**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
CARDONA, OLMAN  
726 EGLIN PRWY NE E-1  
FORT WALTON BEACH, FL 33547** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
RODRIGUEZ, ERIC  
745 BEAL PRWY NW STE #12  
FORT WALTON BEACH, FL 32547** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
LUNA, GASPARD  
745 BEAL PRWY NW STE #12  
FORT WALTON BEACH, FL 32547** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
RUBIO, ALEJANDRO  
745 BEAL PRWY NW STE #12  
FORT WALTON BEACH, FL 32547** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/24/07

305.2276136