

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007991

FILED
Feb 13, 2007
Secretary of State

Entity Name: MINISTERIO FUENTE DE AGUA VIVA, INC.

Current Principal Place of Business:

6919 N THATCHER AVENUE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

6919 N THATCHER AVENUE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 20-5727245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUENTES, YASED
6919 N THATCHER AVENUE
TAMPA, FL 33614 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: PUENTES, YASED
Address: 6919 N. THATCHER AVENUE
City-St-Zip: TAMPA, FL 33614

Title: VP () Delete
Name: CUFF, BEATRICE
Address: 6919 THATCHER AVENUE
City-St-Zip: TAMPA, FL 33614

Title: T () Delete
Name: BOOTH, MARIA E
Address: 6919 N THATCHER AVENUE
City-St-Zip: TAMPA, FL 33614

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:

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: YASED PUENTES

P

02/13/2007

Electronic Signature of Signing Officer or Director

Date