2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008
Secretary of State

DOCUMENT# N07000006948

Entity Name: IGLESIA CRISTIANA FUENTE DE AMOR INC.

Current Principal Place of Business:

2625 LOOP RD
AUBURNDALE, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

3661 QUEENS COVE BLVD
WINTER HAVEN, FL 33880 US

New Mailing Address:

FEI Number: 11-3822950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOMINGUEZ, NARDA M MRS
3661 QUEENS COVE BLVD
WINTER HAVEN, FL 33880 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:	DOMINGUEZ, NARDA M MRS	
Address:	3661 QUEENS COVE BLVD	
City-St-Zip:	WINTER HAVEN, FL 33880 US	
Title:	VP	( ) Delete
Name:	DOMINGUEZ, JUAN C SR	
Address:	3661 QUEENS COVE BLVD	
City-St-Zip:	WINTER HAVEN, FL 33880 US	
Title:	SECT	( ) Delete
Name:	APONTE, JESSICA MRS	
Address:	2411 BROWNWOOD DR	
City-St-Zip:	MULBERRY, FL 33860 US	
Title:	TRES	( ) Delete
Name:	MACIAS, DIANA MRS	
Address:	6016 MISSION DR	
City-St-Zip:	LAKELAND, FL 33813 US	

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:	

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: NARDA M DOMINGUEZ P 02/29/2008

Electronic Signature of Signing Officer or Director — Date