2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N07000007221

Entity Name: IGLESIA CRISTIANA FUENTE DE VIDA ETERNA, INC.

Current Principal Place of Business:

5218 MILLENIA BLVE
APT 104
ORLANDO, FL 32839 US

New Principal Place of Business:

Current Mailing Address:

5218 MILLENIA BLVE
APT 104
ORLANDO, FL 32839 US

New Mailing Address:

FEI Number: 26-0661807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERA, JOSE M
5218 MILLENIA BLVD
APT 104
ORLANDO, FL 32839 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: DP ( ) Delete
Name: RIVERA, JOSE M
Address: 5218 MILLENIA BLVD, APT 104
City-St-Zip: ORLANDO, FL 32839 US

Title: DVP ( ) Delete
Name: RIVERA, CARMEN M
Address: 5218 MILLENIA BLVD, APT 104
City-St-Zip: ORLANDO, FL 32839 US

Title: DT ( ) Delete
Name: VAZQUEZ, WILLIAM
Address: 10474 LAXTON STREET
City-St-Zip: ORLANDO, FL 32824 US

Title: DS ( ) Delete
Name: VAZQUEZ, BRENDA L
Address: 10474 LAXTON STREET
City-St-Zip: ORLDANO, FL 32824 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: MR. JOSE M. RIVERA DP 02/16/2009
Electronic Signature of Signing Officer or Director — Date