

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000011393

1. Entity Name
IGLESIA MISIONERA FUENTE DE VIDA, CORP.



Principal Place of Business
3844 NW 125 ST.
OPA LOCKA, FL 33054

Mailing Address
3844 NW 125 ST.
OPA LOCKA, FL 33054

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042008

Chg-NP

CR2E037 (12/06)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, ERNESTO
1325 NW 182 ST.
MIAMI, FL 33169

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, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PEREZ, ERNESTO
STREET ADDRESS 3844 NW 125 ST.
CITY-ST-ZIP OPA LOCKA, FL 33054 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 800122452808
STREET ADDRESS 04/07/08--01019--014 **\$61.25
CITY-ST-ZIP

TITLE VD
NAME MONTIEL, CARLOS
STREET ADDRESS 3844 NW 125 ST.
CITY-ST-ZIP OPA LOCKA, FL 33054 ☐ Delete

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

TITLE SD
NAME AGUILAR, FATIMA
STREET ADDRESS 3844 NW 125 ST.
CITY-ST-ZIP OPA LOCKA, FL 33054 ☐ Delete

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

TITLE T
NAME PEREZ, CHESTER
STREET ADDRESS 3844 NW 125 ST.
CITY-ST-ZIP OPA LOCKA, FL 33054 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 or without power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2008 APR -7 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4/7/08