

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010954

**FILED**  
**Feb 25, 2012**  
**Secretary of State**

**Entity Name:** MANANTIAL DE VIDA CENTRO CRISTIANO INC.

**Current Principal Place of Business:**

1515 CRESTRIDGE DR  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

1515 CRESTRIDGE DR  
KISSIMMEE, FL 34746 UN

**Current Mailing Address:**

1515 CRESTRIDGE DR  
KISSIMMEE, FL 34746

**New Mailing Address:**

**FEI Number:** 37-1616450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLIVARES, MAURICE  
1515 CRESTRIDGE DR  
KISSIMMEE, FL 34746 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  
**Name:** OLIVARES, MAURICE  
**Address:** 1515 CRESTRIDGE DR.  
**City-St-Zip:** KISSIMMEE, FL 34746

**Title:** VP  
**Name:** OLIVARES, ANABEL  
**Address:** 1515 CRESTRIDGE DR.  
**City-St-Zip:** KISSIMMEE, FL 34746

**Title:** O  
**Name:** THATCHER, PATRICK  
**Address:** 7113 WILLOWWOOD ST  
**City-St-Zip:** ORLANDO, FL 32818

I hereby 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 all other like empowered.

**SIGNATURE:** MAURICE OLIVARES

P

02/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date