


# 2006 ; NOT-FOR-PROFIT CORPORATION

<b>DOCUMENT # N19116</b> 1. Entity Name <b>IGLESIA FUENTE DE AGUA VIVA, INC.</b>						<b>FILED</b> 06 JAN 17 AM 11:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12250 JOHN YOUNG PKWY. ORLANDO, FL 32837 US				Mailing Address P.O. BOX 770367 ORLANDO, FL 32877-0367			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>FENT, RODOLFO O</b> <b>12912 ISLAMORADA DRIVE</b> <b>ORLANDO, FL 32824</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number <b>59-2931006</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2006, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FONT, OTONIEL PO BOX 3986 VALLE ARRIBA HIGHTS STAT CAROLINA, PB 00984			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS ROSADO, LUIS E 4420 EDGEWATER DRIVE ORLANDO, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	700065094867 02/02/06--01035--013 ***51.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FONT, OTONIEL 12250 JOHN YOUNG PARKWAY ORLANDO, FL 32857			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMER, ROBERT CALLE A F-13 VALLE PARADO, PR			TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 1/19/06		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 1/10/06			
Daytime Phone #: 787-625-2187							