## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25415

FILED Jan 21, 2008 Secretary of State

Entity Name: MANANTIAL DE BENDICION ASAMBLEAS DE DIOS INC. **New Principal Place of Business: Current Principal Place of Business: FAITH TEMPLE** 705 MCLEOD AVE HAINES CITY, FL 33844 US **New Mailing Address: Current Mailing Address:** P.O. BOX 3240 HAINES CITY, FL 33845 US FEI Number: 11-3690287 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CABA, EVARISTO 220 SIERRA CIRCLE DAVENPORT, FL 33837 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition CABA, EVARISTO Name: Name: Address: 220 SIERRA CIRCLE Address: City-St-Zip: DAVENPORT, FL 33837 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition Name: RAMIREZ, OLGA Name: Address: 1835 TANGLEWOOD DR. Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: Title: () Delete Title: () Change () Addition VILLAFANE, LIZARDO Name: Name: Address: 1805 EMILY DR. Address: City-St-Zip: WINTER HAVEN, FL 33884 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: EVARISTO CABA REV. 01/21/2008