2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 09, 2007 08:00 A DOCUMENT # N43002 1. Entity Name **Secretary of State** MINISTERIO EVANGELISTICO FUENTE DE SALVAICION, INC. Principal Place of Business Mailing Address 720 N. FEDERAL HWY 6706 LAKE AVENUE LAKE WORTH FL 33460 WEST PALM BEACH FL 33405 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 720 N.Federa 6706 Lake aug 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. EEI Number West Palm Beach Lake Wort 65-0270643 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Palm Beach <u> 33460</u> PalmBeach 33405 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent QUINTANA, CARLOS Stroot Address (P.O. Box Number is Not Acceptable) 6706 LAKE AVENUE WEST PALM BEACH FL 33405 City Zip Codo 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 little it applicable (NOTE, Registered Agent signature required when romstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D OHI Delete TITLE Change Addition NAME NAME. QUINTANA, CARLOS U000000661589 STREET LADDRESS STRUCT ADDRESS 6706 LAKE AVENUE 03/20/07-80045-010 61.25 CHY+SI-ZIP CHY-SI-7P WEST PALM BEACH FL ☐ Delete Change 11111. 101.0 ☐ Addition NAME NAMO VAZQUEZ, DANIEL STREET ADDRESS 7871 GRISWALD ST STREET ADDRESS CHY+SI-7IP CITY-SI-ZIP LATANA FL Delete Addition NAMI SERRANO, ERIKA STALL LADDRESS SÍMÍL LADDIA SS 804 N. FEDERAL HWY - APT.#1 CHY-ST-ZIP CITY-S1-7IP LAKE WORTH FL 33460 HILLE ☐ Delete Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS COY-ST-ZIP CHTY-S1-ZIP ☐ Change OUS Delete 11111 ☐ Addition NAM NAME STREET ADDRESS STREET LADDRESS CHY-ST-ZIP CITY-SI-7IP HILE ☐ Defete 11111 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP

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 eath; 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.

SIGNATURE:

3 -6 - 2007

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information