

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 02, 1999 8:00am**  
**Secretary of State**

02-02-1999 90008 045 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N45335

1. Corporation Name  
**IGLESIA PENTECOSTAL EL CALVARIO FUENTE DE VIDA, INC.**

Principal Place of Business: 29900 SW 153 PL, LEISURE CITY FL 33003, US  
 Mailing Address: 29900 SW 153 PL, LEISURE CITY FL 33033, US



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	09/26/1991
22	City & State	City & State	4. FEI Number
	Zip	Zip	NOT APPLICABLE
23	Country	Country	Applied For
			Not Applicable
24			5. Certificate of Status Desired <input type="checkbox"/>
			\$8.75 Additional Fee Required
			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
			\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HERRERA, RAMON 29900 SW 153 PL LEISURE CITY FL 33033		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
 Rev. Ramon Herrera  
 1-6-99

SIGNATURE		NOTE: Registered Agent signature required when reinstating		DATE
Signature, typed or printed name of registered agent and title if applicable.				1-6-99
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERRERA, RAMON	1.2 NAME		
STREET ADDRESS	29900 SW 153RD PLACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	LEISURE CITY FL 33033	1.4 CITY-ST-ZIP		
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	URREA, JOSE	2.2 NAME		
STREET ADDRESS	584 NW 1ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERRERA, GLADYS	3.2 NAME		
STREET ADDRESS	29900 SW 153RD PLACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LEISURE CITY FL 33033	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. Ramon Herrera* **REQUIRE** 1-6-99 (305) 245-6116  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)