



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N51191			
1. Entity Name IGLESIA CATEDRAL DE VIDA, INC.			
Principal Place of Business 1006 S THACKER KISSIMMEE, FL 32741		Mailing Address IGLESIA CATEDRAL DE VIDA PO BOX 450937 KISSIMMEE, FL 34745-0937 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 04132004 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-3190290	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SANTIAGO, JUSTINO 241 FLORIDA PARKWAY BLVD KISSIMMEE, FL 34743		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000118751 04/19/04-80073-003 70.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANTIAGO, JUSTINO 241 FLORIDA PARKWAY BLVD KISSIMMEE, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD APONTE, IVELISSE VALENTINO CT #227 DAVENPORT, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD QUIEL, MARIA 755 CARIBOU DRIVE KISSIMMEE, FL 34759		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.			
SIGNATURE: <u>Ivelisse Aponte - Ivelisse Aponte</u>		Date: <u>4/13/04</u>	Daytime Phone #: <u>863-424-2425</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>