

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 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

DO NOT WRITE IN THIS SPACE



04052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3190290

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SANTIAGO, JUSTINO
241 FLORIDA PARKWAY BLVD
KISSIMMEE, FL 34743

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IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANTIAGO, JUSTINO
STREET ADDRESS	241 FLORIDA PARKWAY BLVD
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	TD
NAME	APONTE, IVELISSE
STREET ADDRESS	VALENTINO CT #227
CITY-ST-ZIP	DAVENPORT, FL
TITLE	SD
NAME	QUIEL, MARIA
STREET ADDRESS	755 CARIBOU DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN00000300150
04/12/05-80010-003 70.00

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IN THIS SPACE**

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.

SIGNATURE:

Ivelisse Aponte - Ivelisse Aponte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05 863-424-2425
Date Daytime Phone #