


**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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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 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	

UN0000300150  
 04/12/05-80010-003 70.00

**DO NOT WRITE 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 4/7/05 863-424-2425  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #