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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N93000005178  
1. Corporation Name  
IGLESIA EVANGELICA PENTECOSTAL FUENTES DE AGUA V IVA, CORP.

230910~ 90033 - 44



Principal Place of Business  
9860 SW 56 STREET  
MIAMI FL 33187  
US

Mailing Address  
15479  
15479 S.W. 86 TERRACE  
SUITE 187  
MIAMI FL 33139  
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/12/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0449332
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent

VP  
BATISTA, LUIS EMCLIO  
831 S.E. 8TH STREET  
MIAMI FL 33010

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BATISTA, DOLORES	
STREET ADDRESS	15479 SOUTHWEST 86 TERRACE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAN MIGUEL, ESTRELLA	
STREET ADDRESS	2240 S.W. 67TH AVENUE, APT. 1	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1.2 NAME	
1.3 STREET ADDRESS	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	
2.1 TITLE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2.2 NAME	
2.3 STREET ADDRESS	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
3.1 TITLE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	3.2 NAME	
3.3 STREET ADDRESS	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
4.1 TITLE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	4.2 NAME	
4.3 STREET ADDRESS	4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
5.1 TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	5.2 NAME	
5.3 STREET ADDRESS	5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
6.1 TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	6.2 NAME	
6.3 STREET ADDRESS	6.3 STREET ADDRESS	
6.4 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: Dolores Batista REQUIRED 2/7/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)