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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90041 035 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001048**

1. Corporation Name

**IGLESIA BAUTISTA MANANTIAL DE VIDA INC.**

Principal Place of Business

FIRST BAPTIST CHURCH OF PERRINE  
8900 SW 168 ST  
MIAMI FL 33157  
US

Mailing Address

13006 S.W. 51 STREET  
MIAMI FL 33175



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/06/1995

4. FEI Number

65-0547843

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

ARMENTEROS, CARLOS  
13006 S.W. 51 STREET  
MIAMI FL 33175

10. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DP  
NAME ARMENTEROS, CARLOS  
STREET ADDRESS 13006 S.W. 51 STREET  
CITY-ST-ZIP MIAMI FL 33175

TITLE DS  
NAME ANDRIANA CARDONA  
STREET ADDRESS 8420 SW 133 AVE BLDG 2 #311  
CITY-ST-ZIP MIAMI FL

TITLE DT  
NAME SEREY, MARIA  
STREET ADDRESS 4910 S.W. 138TH AVE.  
CITY-ST-ZIP MIAMI FL 33175

TITLE D  
NAME NOVALES, ILEANA  
STREET ADDRESS 13045 SW 68TH ST APT 210  
CITY-ST-ZIP MIAMI FL

TITLE D  
NAME LAZARO HERRERA  
STREET ADDRESS 12741 SW 256 ST  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME DT  
3.3 STREET ADDRESS Hilda Cruz  
15424 S.W. 123 Ave  
3.4 CITY-ST-ZIP MIAMI, FLA. 33177

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME Juana M. Sanchez  
5.3 STREET ADDRESS 8275 S.W. 152 Ave Apt 109  
5.4 CITY-ST-ZIP Miami, FL 33193

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99 (305) 255-9417

Date

Daytime Phone #

CR2E037 (11/98)