

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000004559 (9)**

1. Corporation Name

IGLESIA MANANTIAL DE VIDA INC.



Principal Place of Business

Mailing Address

31000 SW 195 AVE
HOMESTEAD FL 33030

31000 SW 195 AVE
HOMESTEAD FL 33030

3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0616141

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24

25

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORDOVA, CARLOS R
31000 SW 195 AVE
HOMESTEAD FL 33030**

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PF	<input type="checkbox"/> DELETE
NAME	CORDOVA, CARLOS R	
STREET ADDRESS	31000 SW 195 AVE	
CITY - ST - ZIP	HOMESTEAD FL 33030	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CORDOVA, TIRZA	
STREET ADDRESS	31000 SW 195 AVE	
CITY - ST - ZIP	HOMESTEAD FL 33030	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NIEVES, JOSE A	
STREET ADDRESS	31000 SW 195 AVE	
CITY - ST - ZIP	HOMESTEAD FL 33030	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROLDAN, BENJAMIN A	
STREET ADDRESS	31000 SW 195 AVE	
CITY - ST - ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Carlos R. Cordova* **CARLOS R. CORDOVA**

1-30-96 (305) 246-5035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Domestic Phone #

CR2E037 (12/95)