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FILED

May 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005182 (9)

1. Corporation Name

IGLESIA EVANGELICA FUENTE DE VIDA, INC.



Principal Place of Business

Mailing Address

1550 W 84 ST  
HIALEAH FL 3301618975 NW 63 CT CIR W  
MIAMI FL 33015-4721

3. Date Incorporated or Qualified

11/02/1995

3a. Date of Last Report

10/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUETO, ELIAS  
18975 N.W. 63RD COURT CIRCLE  
MIAMI FL 3301581 Name  
PRIANO E. HILARIO82 Street Address (P.O. Box Number is Not Acceptable)  
20520 SW, 124 PL.

83 Miami, FL. 33177

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

5/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P D  
NAME CUETO, ELIAS (ELDER)  
STREET ADDRESS 18975 N.W. 63RD CT. CIRCLE  
CITY - ST - ZIP MIAMI FL 33015 ☒ DELETE1.1 TITLE President (D)  
1.2 NAME HILARIO, PRIANO E.  
1.3 STREET ADDRESS 20520 SW, 124 PL.  
1.4 CITY - ST - ZIP Miami, FL. 33177 ☒ Change ☐ AdditionTITLE T D  
NAME CORNIELLE, FIOR (ELDER)  
STREET ADDRESS 2135 N.W. 164TH ST.  
CITY - ST - ZIP MIAMI FL ☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP ☐ Change ☐ AdditionTITLE S D  
NAME VORQUEZ, DEMETRIO (ELDER)  
STREET ADDRESS 18942 N.W. 63RD CT. CIRCLE  
CITY - ST - ZIP MIAMI FL 33015 ☐ DELETE3.1 TITLE Secretary (D)  
3.2 NAME CELESTINO, SANDRA  
3.3 STREET ADDRESS 2835 NW, 164 St.  
3.4 CITY - ST - ZIP Opa-Locka, FL. 33054 ☒ Change ☐ AdditionTITLE V  
NAME ARIAS, CARMEN (ELDER)  
STREET ADDRESS 18430 N.W. 47TH AVE.  
CITY - ST - ZIP MIAMI FL ☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE5.1 TITLE PASTOR (VOCAL) (T)  
5.2 NAME CUETO, ELIAS  
5.3 STREET ADDRESS 18975 NW, 63 Ct-Cir-W  
5.4 CITY - ST - ZIP Miami, FL. 33015 ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023274

4/10/97 232-3623

CR2E037 (9/96)