

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90002 025 ****70.00

DOCUMENT # N96000004870

1. Entity Name
IGLESIA VIDA ABUNDANTE INC.



Principal Place of Business

**4568 COMMERCIAL WAY
SPRING HILL, FL 34606 US**

Mailing Address

**14176 CORTEZ BLVD
BROOKSVILLE, FL 34613 US**

54069776



08102004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TORRES, ALEXANDER
2465 FAIRVIEW ST
SPRING HILL, FL 34609**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TORRES, ALEXANDER
STREET ADDRESS 2465 FAIRVIEW ROAD
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE V
NAME TORRES, MARTHA
STREET ADDRESS 2465 FAIRVIEW RD
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE D
NAME VALLE, YVONNE
STREET ADDRESS 11112 HEATHWOOD AVE
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE D
NAME GARCIA, GEORGE
STREET ADDRESS 13469 BONDSTONE STREET
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE D
NAME LEBRON, ANTONIO
STREET ADDRESS 5322 DELTONA BLVD
CITY-ST-ZIP SPRING HILL, FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALEXANDER
TORRES**

PRESIDENT

8/17/04

Date

352-398-9979

Daytime Phone #

Attachment

54069776
N96000004870

Mailing
address:

P.O. Box 15369
Brooksville, FL
34609

7079 Mariner
Bld

34608