


FILE NOW: FILING FEE IS \$61.25

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90215 018 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000003183					
1. Corporation Name IGLESIA PENTECOSTAL MANANTIAL DE VIDA, INC.					
Principal Place of Business 128 WEST BROAD ST. GROVELAND FL 34736			Mailing Address 4653 LAKE PICKETT DR. GROVELAND FL 34736		



2. Principal Place of Business 21 938 W. BROOME ST.		2a. Mailing Address 26 4653 LAKE PICKETT DR.		3. Date Incorporated or Qualified 05/30/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3451472	
City & State 23 CLERMONT, FL. LAKE		City & State 28 GROVELAND, FL.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country 24 34711 25 USA		Zip Country 29 34736 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent RODRIGUEZ, GLADYS 4653 LAKE PICKETT DR. GROVELAND FL 34763				10. Name and Address of New Registered Agent 81 Name CARMEN L. CASTRO de ALICEA 82 Street Address (P.O. Box: Number is Not Acceptable) 210 C Second Street 83 84 City Clermont FL 85 Zip Code 34711			
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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 *C. Castro de Alicea* DATE **3-18-99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RODRIGUEZ, ROBER			1.2 NAME	JUSTINIANO, ILDEMARO		
STREET ADDRESS	4653 LAKE PICKETT DR			1.3 STREET ADDRESS	656 WARNER STREET		
CITY-ST-ZIP	GROVELAND FL 34736			1.4 CITY-ST-ZIP	GROVELAND, FL 34736		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	IS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALICEA, C			2.2 NAME	CASTRO, CARMEN L. de Alicea		
STREET ADDRESS	455 MAGNOLIA ST			2.3 STREET ADDRESS	210 C SECOND ST.		
CITY-ST-ZIP	GROVELAND FL 34736			2.4 CITY-ST-ZIP	CLERMONT, FL		
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, GLADYS			3.2 NAME			
STREET ADDRESS	4653 LAKE PICKETT DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	GROVELAND FL 34736			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VELEZ, R			4.2 NAME			
STREET ADDRESS	15545 LEE RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	MASCOFFE FL 34753			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIVAS, R			5.2 NAME			
STREET ADDRESS	POB 301			5.3 STREET ADDRESS			
CITY-ST-ZIP	MASSCOTTE FL 34753			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REBOLLO, CARMELO			6.2 NAME			
STREET ADDRESS	15545 LEE RD			6.3 STREET ADDRESS			
CITY-ST-ZIP	MASSCOTTE FL 34753			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: *R. Vivas* DATE: **3-18-99**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)