

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003183

1. Entity Name

IGLESIA PENTECOSTAL MANANTIAL DE VIDA, INC.

Principal Place of Business

Mailing Address

938 WEST BROOME STREET  
CLERMONT, FLORIDA 34711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593451472

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARMEN CASTRO-ALICEA  
938 W. BROOME STREET  
CLERMONT, FLORIDA 34711

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

CARMEN CASTRO-ALICEA

(NOTE: Registered Agent signature required when reinstating)

DATE

05-01-2000

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME RODRIGUEZ, ROBERT ☐ Delete  
STREET ADDRESS 1095 MAGNOLIA STREET  
CITY-ST-ZIP CLERMONT, FLORIDA 34711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V/T  
NAME CARMEN CASTRO-ALICEA ☐ Delete  
STREET ADDRESS 938 W. BROOME STREET  
CITY-ST-ZIP CLERMONT, FLORIDA 34711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME RODRIGUEZ, GLADYS ☐ Delete  
STREET ADDRESS 1095 MAGNOLIA STREET  
CITY-ST-ZIP CLERMONT, FLORIDA 34711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME VIVAS, MARLYN ☐ Delete  
STREET ADDRESS POB 301  
CITY-ST-ZIP MASCOTTE, FLORIDA 34753

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME PERAZA, GENNIE ☐ Delete  
STREET ADDRESS 15232 TURKEY FARM ROAD  
CITY-ST-ZIP CLERMONT, FLORIDA 34711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME SANTIAGO, ANGEL ☐ Delete  
STREET ADDRESS 955 ARBOR HILL CIRCLE  
CITY-ST-ZIP CLERMONT, FLORIDA 34711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

CARMEN CASTRO-ALICEA

05/01/2000

Daytime Phone #

(352) 394-1350

352-394-135

CR2E037 (9/99)