

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90034 003 \*\*\*\*70.00

**DOCUMENT #** N97000003183

**1. Entity Name**

IGLESIA PENTECOSTAL MANANTIAL DE VIDA, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

938 WEST BROOME STREET

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

CLERMONT, FLORIDA

**City & State**

**4. FEI Number**

59-3451472

**Applied For**

Not Applicable

**Zip**

34711

**Country**

LAKE

**Zip**

**Country**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

CARMEN CASTRO- ALICEA

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

334 PALM LANE

**City**

CLERMONT

**FL**

**Zip Code**  
34711

**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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FEE IS \$61.25  
Initial or Amended UBR**

**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**

<b>TITLE P</b> NAME STREET ADDRESS CITY-ST-ZIP	ROBERT RODRIGUEZ 1095 MAGNOLIA STREET CLERMONT, FL 34711	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE VTD</b> NAME STREET ADDRESS CITY-ST-ZIP	CARMEN CASTRO- ALICEA 334 PALM LANE CLERMONT, FL 34711	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE T</b> NAME STREET ADDRESS CITY-ST-ZIP	GLADYS RODRIGUEZ 1095 MAGNOLIA STREET CLERMONT, FL 34711	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE T</b> NAME STREET ADDRESS CITY-ST-ZIP	AGAPITO FIGUEROA 1028 CHELSEA PARC CLERMONT, FL 34711	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE T</b> NAME STREET ADDRESS CITY-ST-ZIP	GENNIE PERRAZA 15232 TURKEY ROAD CLERMONT, FL 34711	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE T</b> NAME STREET ADDRESS CITY-ST-ZIP	ANGEL SANTIAGO 955 ARBOR HILL CIRCLE CLERMONT, FL 34711	<b>TITLE</b> 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

03-25-02 (352)394-1355

CR2E037B (12/01)