


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90013 034 ****70.00

DOCUMENT # N97000003183					
1. Entity Name IGLESIA PENTECOSTAL MANANTIAL DE VIDA, INC.					
Principal Place of Business 938 W BROOME ST CLERMONT, FL 34711 US			Mailing Address 938 W BROOME ST CLERMONT, FL 34711 US		
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 59-3451472				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASTRO-ALICEA, CARMEN 938 W BROOME STREET CLERMONT, FL 34711			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME RODRIGUEZ, ROBER STREET ADDRESS 1095 MAGNOLIA STREET CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE P NAME Robert A. Rodriguez STREET ADDRESS 201 Hunt Street Apt. 1013 CITY-ST-ZIP Clermont, Florida 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VTD NAME CASTRO-ALICEA, CARMEN STREET ADDRESS 334 PALM LANE CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE VTD NAME Castro-Alicea, Carmen STREET ADDRESS 1095 Magnolia Street CITY-ST-ZIP Clermont, Florida 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME GENIS, PLEISTEZ STREET ADDRESS 15632 TURKEY LAKE ROAD CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE S NAME Rodriguez, Lisbel M. STREET ADDRESS 825 Avenida Cuarta Apt.#106 CITY-ST-ZIP Clermont, Florida 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME MARTINEZ, KARINA STREET ADDRESS 136 BRITTANY ROAD CITY-ST-ZIP MASCOTTE, FL 34753	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME FIGUEROA, AGAPITO STREET ADDRESS 1028 CHELSEA PARC CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME SANTIAGO, ANGEL STREET ADDRESS 955 ARBOR HILL CIRCLE CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Robert A. Rodriguez</i> Robert A. Rodriguez 01-06-04 (352) 241-0682 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					