
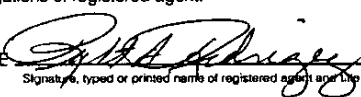



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90031 009 ****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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3451472	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CASTRO-ALICEA, CARMEN 938 W BROOME STREET CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name ROBERT A. RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 11505 BRANDIWINE CT. City CLERMONT FL Zip Code 34711	
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  Robert A. Rodriguez President 01-04-06 <small>Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, ROBERT A 11505 BRANDIWINE COURT CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTRO-ALICEA, CARMEN 1095 MAGNOLIA STREET CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAJANO, FRANK 203 WASHINGTON STREET MINNEOLA, FL 34711	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE LUIS TRACHE 418 REGATTA DR GROVELAND, FL 34796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, KARINA 136 BRITTANY ROAD MASCOTTE, FL 34753	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, LISBEL M 16907 SARAH'S PLACE #204 CLERMONT, FL 34714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LISBEL M. RODRIGUEZ 16815 SARAH'S PLACE #107 CLERMONT, FL 34714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANTIAGO, ANGEL 955 ARBOR HILL CIRCLE CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROSITA DE LA CRUZ P.O. BOX 712 MASSCOTT, FL 34753
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  ROBERT A. RODRIGUEZ 01-04-06 352.348.1771 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					