

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90065 004 ****70.00

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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

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

**CASTRO-ALICEA, CARMEN
938 W BROOME STREET
CLERMONT FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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** ☐ Delete
NAME **RODRIGUEZ, ROBERT**
STREET ADDRESS **1095 MAGNOLIA STREET**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **T** ☐ Change ☒ Addition
NAME **GENIS, PLEISTE**
STREET ADDRESS **15632 TURKEY LAKE ROAD**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **VTD** ☐ Delete
NAME **CASTRO-ALICEA, CARMEN**
STREET ADDRESS **334 PALM LANE**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **VTD** ☒ Change ☐ Addition
NAME **CASTRO-ALICEA, CARMEN**
STREET ADDRESS **1095 MAGNOLIA STREET** New Address
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **T** ☒ Delete
NAME **RODRIGUEZ, GLADYS**
STREET ADDRESS **1095 MAGNOLIA STREET**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **T** ☐ Change ☒ Addition
NAME **KARINA, MARTINEZ**
STREET ADDRESS **136 BRITTANY ROAD**
CITY-ST-ZIP **MASCOTTE, FL 34753**

TITLE **T** ☒ Delete
NAME **RODRIGUEZ, GLADYS**
STREET ADDRESS **1095 MAGNOLIA STREET**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **P** ☒ Change ☐ Addition
NAME **RODRIGUEZ, ROBERT**
STREET ADDRESS **563 WALDO ST.**
CITY-ST-ZIP **GROVELAND, FL 34738**

TITLE **T** ☐ Delete
NAME **FIGUEROA, AGAPITO**
STREET ADDRESS **1028 CHELSEA PARC**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **T** ☐ Change ☐ Addition
NAME **SANTIAGO, ANGEL**
STREET ADDRESS **955 ARBOR HILL CIRCLE**
CITY-ST-ZIP **CLERMONT FL 34711**

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] January 5, 2003 (352) 241-0682
DATE DAYTIME PHONE #

CR2E037 (10/02)