

FILE NOW: FILING FEE IS \$61.25

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Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005962 (2)**

1. Corporation Name

IGLESIA CRISTIANA MANANTIAL DE VIDA, DEFENSORES DE LA FE, INC.



Principal Place of Business 4119 GUNN HIGHWAY #4109 DIBBS PLAZA TAMPA FL 33624	Mailing Address 4119 GUNN HIGHWAY #4109 DIBBS PLAZA TAMPA FL 33624
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3. Date Incorporated or Qualified 10/22/1997
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent TIRADO, ANGEL M 4119 GUNN HIGHWAY #4109 DIBBS PLAZA TAMPA FL 33624	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D TIRADO, ANGEL M
STREET ADDRESS	4119 GUNN HIGHWAY #4109
CITY-ST-ZIP	TAMPA FL 33624
TITLE	<input type="checkbox"/> DELETE
NAME	D FERNANDRZ, GERALDO
STREET ADDRESS	4119 GUNN HIGHWAY #4109
CITY-ST-ZIP	TAMPA FL 33624
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D TRINIDAD, IVELY
STREET ADDRESS	4119 GUNN HIGHWAY #4109
CITY-ST-ZIP	TAMPA FL 33624
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D RAMIREZ, FERDINAND
STREET ADDRESS	4119 GUNN HIGHWAY #4109
CITY-ST-ZIP	TAMPA FL 33624
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D FERNANDEZ, GERALDO
2.3 STREET ADDRESS	4119 GUNN HIGHWAY 4109
2.4 CITY-ST-ZIP	TAMPA, FL 33624
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD FERNANDEZ, FRANCISCO
3.3 STREET ADDRESS	4119 GUNN HIGHWAY NO.4109
3.4 CITY-ST-ZIP	TAMPA, FL 33624
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD YANIA I. FERNANDEZ
4.3 STREET ADDRESS	4119 GUNN HIGHWAY NO. 4109
4.4 CITY-ST-ZIP	TAMPA, FL 33624
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/30/98 654-0153 265-4579

CR2E037 (10/97)