

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000897

FILED
Mar 13, 2005
Secretary of State

Entity Name: "IGLESIA CRISTIANA FUENTE DE UNCION" INC.

Current Principal Place of Business:

705 S 14 STREET
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

PO BOX 3046
HAINES CITY, FL 33845

New Mailing Address:

FEI Number: 36-4218615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALAVE, PEDRO A
124 ARLINGTON CT
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

MALAVE, PEDRO A
1915 VERANO DRIVE
APT B
HAINES CITY, FL 33844 US

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:

Electronic Signature of Registered Agent

03/13/2005

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALAVE, PEDRO A
Address: 124 ARLINGTON CT
City-St-Zip: HAINES CITY, FL 33844

Title: S () Delete
Name: MALAVE, ELIZABETH
Address: 124 ARLINGTON CT
City-St-Zip: HAINES CITY, FL 33844

Title: T () Delete
Name: MALAVE, GRACE
Address: 119 S 20 ST
City-St-Zip: HAINES CITY, FL 33844

Title: O () Delete
Name: RODRIGUEZ, EMILIA
Address: 3638 E JOHNSON AVE
City-St-Zip: HAINES CITY, FL 33844

Title: O () Delete
Name: MALAVE, PEDRO SR
Address: 1612 ROBINSON DR
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MALAVE, PEDRO A
Address: 1915 B VERANO DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: O (X) Change () Addition
Name: MALAVE, ELIZABETH
Address: 1915 B VERANO DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: T (X) Change () Addition
Name: ARROYO, RUTH
Address: 204 S 20 ST
City-St-Zip: HAINES CITY, FL 33844

Title: S (X) Change () Addition
Name: RODRIGUEZ, EMILIA
Address: 3638 E JOHNSON AVE
City-St-Zip: HAINES CITY, FL 33844

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO A MALAVE

Electronic Signature of Signing Officer or Director

P

03/13/2005

Date