

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000897

FILED
Jul 03, 2006
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MALAVE, PEDRO A
1914 VERANO DRIVE
APT A
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

07/03/2006

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: S () 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: 1914 VERANO DRIVE APT A
City-St-Zip: HAINES CITY, FL 33844

Title: O (X) Change () Addition
Name: MALAVE, ELIZABETH
Address: 1914 VERANO DRIVE APT A
City-St-Zip: HAINES CITY, FL 33844

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

Title: S (X) Change () Addition
Name: RODRIGUEZ, EMILIA
Address: 1916 VERANO DRIVE APT A
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 Chapter 119, 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

07/03/2006

Date