

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000897

FILED  
Apr 29, 2008  
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 (X)

**Name and Address of Current Registered Agent:**

GONZALEZ, ELVIN  
601 HERITAGE PARK CT  
VALRICO, FL 33594      US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: GONZALEZ, ELVIN  
Address: 601 HERITAGE PARK CT  
City-St-Zip: VALRICO, FL 33594

Title: O      ( ) Delete  
Name: GONZALEZ, MIRIAM  
Address: 601 HERITAGE PARK CT  
City-St-Zip: VALRICO, FL 33594

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: 1916 VERANO DRIVE APT A  
City-St-Zip: HAINES CITY, FL 33844

Title: O      ( ) Delete  
Name: CAPTAVILLA, ALBERT  
Address: 12846 BIG SUR DR  
City-St-Zip: TAMPA, FL 33625

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ELVIN GONZALEZ

P

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date