

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001041

FILED  
Mar 26, 2008  
Secretary of State

Entity Name: RIOS DE AGUA VIVA MINISTERIO, INC.

**Current Principal Place of Business:**

1330 SE 16 PLACE  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

1330 SE 16 PLACE  
CAPE CORAL, FL 33990

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

LOPEZ, VICTOR  
15861 SADDLEWOOD LANE  
CAPE CORAL, FL 33991 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: PD ( ) Delete  
Name: LOPEZ, VICTOR  
Address: 15861 SADDLEWOOD LANE  
City-St-Zip: CAPE CORAL, FL 33991

Title: 2PD ( ) Delete  
Name: LOPEZ, MARIANA  
Address: 15861 SADDLEWOOD LANE  
City-St-Zip: CAPE CORAL, FL 33991

Title: STD ( ) Delete  
Name: ESTRADA, CARMEN  
Address: 624 SE SANTA BARBARA BLVD  
City-St-Zip: CAPE CORAL, FL 33990

Title: STD ( ) Delete  
Name: MARINEZ, ANASTACIO  
Address: 123 COTILION LN  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: STD ( ) Delete  
Name: TORRES, ROLANDO  
Address: 165 ELAND DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

**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: VICTOR LOPEZ

PD

03/26/2008

Electronic Signature of Signing Officer or Director

Date