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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003161			
1. Corporation Name IGLESIA DE DIOS 'FUENTE INAGOTABLE', INC.			
Principal Place of Business 6240 FUNSTON ST. HOLLYWOOD FL 33023		Mailing Address 6240 FUNSTON ST. HOLLYWOOD FL 33023	
2. Principal Place of Business 21 Suite, Apt. R, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. R, etc. 26 City & State 27 Zip 28 Country	
3. Date Incorporated or Quashed 06/03/1988		4. FEI Number 65-0864345	
5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution		8. \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent NINO, LUIS M 6240 FUNSTON ST. HOLLYWOOD FL 33023		10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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.		12. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing.)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP 12.5 CITY-ST-ZIP 12.6 CITY-ST-ZIP 12.7 CITY-ST-ZIP 12.8 CITY-ST-ZIP 12.9 CITY-ST-ZIP 12.10 CITY-ST-ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 13.5 CITY-ST-ZIP 13.6 CITY-ST-ZIP 13.7 CITY-ST-ZIP 13.8 CITY-ST-ZIP 13.9 CITY-ST-ZIP 13.10 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)(b), Florida Statutes. I further certify that the information indicated on this 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; and that my signature is required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. I am attaching with this address, with all other documents.		15. SIGNATURE Signature, typed or printed name of signing officer or director	

CR2037 (1/98)