

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90377 037 ****70.00

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1. Entity Name

IGLESIA DE DIOS "FUENTE INAGOTABLE", INC.



Principal Place of Business

6570 GRIFFIN RD
#103-104
DAVIE FL 33314

Mailing Address

6570 GRIFFIN RD
#103-104
DAVIE FL 33314

14015964



2. Principal Place of Business

IGlesia De Dios "Fuente Inagotable"
Suite, Apt. #, etc.
6570 Griffin Rd
City & State
103-104 DAVIE FL
Zip
33314
Country
Broward

3. Mailing Address

Iglesia de Dios "Fuente Inagotable"
Suite, Apt. #, etc.
100 NW 76 ave Building 2
City & State
Plantation FL Apt # 210
Zip
33324
Country
Broward

MOORE CR2E037 (11/03)

4. FEI Number
65-0854345

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OBISPO, ILEA S
6820 SW 44 CT
DAVIE FL 33314

Name
Rev. ILEA & SHERALD OBISPO
Street Address (P.O. Box Number is Not Acceptable)
100 NW 76 Ave
Building 2 Apt # 210
City
Plantation FL Zip Code
33324

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OBISPO, ILEA 4103 SW 18 CT FORT LAUDERDALE FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OBISPO, SHERALD 4103 SW 18 CT FORT LAUDERDALE FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VPUAS, XPMENA P.O. BOX 840234 PEMBROKE PINES FL 33084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VPUAS, LAURA 6711 JOHNSON ST., APT. 315 HOLLYWOOD FL 33024	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, MAYRA 6820 SW 44 CT. DAVIE FL 33314	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD VENTURA, JAIME 6820 SW 44 CT. DAVIE FL 33314	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OBISPO, ILEA 100 NW 76 ave Building 2 Apt # 210 Plantation FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Obispo SHERALD 100 NW 76 ave Building 2 Apt 210 Plantation FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARMEN Rojas 4105 SW 18 CT Fortladale FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lea Luz Soto 4105 SW 18 CT Fortladale FL 33317	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIVAS, Ximena P.O. Box 840234 Pembroke Pines FL 33084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ilse Obispo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #