

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N98000003161

1. Entity Name
IGLESIA DE DIOS "FUENTE INAGOTABLE", INC.



Principal Place of Business
6570 GRIFFIN RD
#103-104
DAVIE, FL 33314

Mailing Address
100 NW 76 AVE BLDG 2 APT #210
FORT LAUDERDALE, FL 33324

APPROVED
AND
FILED
04 OCT 22 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10142004 Chg-NP CR2E037 (10/03) JK

2. Principal Place of Business
6570 Griffin Rd.
Suite, Apt. #, etc.
103-104

3. Mailing Address
P.O. Box 848544
Suite, Apt. #, etc.

City & State
Davie FL
Zip
33314
Country
Broward

City & State
Pembroke Pines FL
Zip
33084
Country
Broward

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
REV. ILEA & SHERALD OBISPO
100 NW 76 AVE BLDG 2 APT #210
FORT LAUDERDALE, FL 33324

7. Name and Address of New Registered Agent
Name
Rev. ILEA Caballero Obispo
Street Address (P.O. Box Number is Not Acceptable)
134 Hidden court
Hollywood
City
Hollywood FL Zip Code
33023

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 Rev. Caballero Obispo 10-19-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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	P	<input type="checkbox"/> Delete
NAME	OBISPO, ILEA	
STREET ADDRESS	100 NW 76 AVE BLDG 2 APT #210	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	OBISPO, SHERALD	
STREET ADDRESS	100 NW 76 AVE BLDG 2 APT #210	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROINS, CARMEN	
STREET ADDRESS	4105 SW 18 CT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33317	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUZSOTO, LEA	
STREET ADDRESS	4105 SW 18 CT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIVAS, XIMENA	
STREET ADDRESS	PO BOX 840234	
CITY-ST-ZIP	HOLLYWOOD, FL 33084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. ILEA Caballero Obispo	
STREET ADDRESS	134 Hidden court	
CITY-ST-ZIP	Hollywood, FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROJAS Carmen	
STREET ADDRESS	4105 SW 18 ct	
CITY-ST-ZIP	Fort Lauderdale FL, 33317	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEA Luz Soto	
STREET ADDRESS	134 Hidden court	
CITY-ST-ZIP	Hollywood, FL 33023	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVAS, Ximena	
STREET ADDRESS	PO. Box 840234	
CITY-ST-ZIP	Hollywood FL 33084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Rev. Obispo 10-19-04 (954)822-7985
Signature and typed or printed name of signing officer or director Date Daytime Phone #