

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90235 037 \*\*\*\*70.00

DOCUMENT # **NG8000003161**

1. Entity Name **Iglesia DE Dios**  
**"Fuente Inagotable"**



**DO NOT WRITE IN THIS SPACE**

**40064407**

2. Principal Place of Business  
**6570 Griffin Rd.**  
Suite, Apt. #, etc.  
**103-104-105**  
City & State  
**DAVIE FL.**  
Zip  
**33314**  
Country  
**Broward**

3. Mailing Address  
**6570 Griffin Rd**  
Suite, Apt. #, etc.  
**103-104-105**  
City & State  
**DAVIE FL.**  
Zip  
**33314**  
Country  
**Broward**

4. FEI Number  
**650854345**  
Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **Pastor Pedro Lopez**  
Street Address (P.O. Box Number is Not Acceptable)  
**6700 NOVA Drive Apt #205**  
City **FortLaudale FL.** FL Zip Code **33317**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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 <b>P</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Pastor Pedro Lopez</b> <b>6700 NOVA Drive Apt #205</b> <b>FortLaudale FL 33317</b>
TITLE <b>VP</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Miguel Macizangares</b> <b>4850 SW 82 Ave</b> <b>DAVIE FL 33328</b>
TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MARIA Ximena Vivas - Brisuela</b> <b>P.O. Box 840234</b> <b>Pembroke Pines 33084</b>
TITLE <b>T</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Esther O Lopez</b> <b>6700 NOVA Drive Apt #205</b> <b>FortLaudale FL 33317</b>
TITLE <b>S</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CARMEN Rojas</b> <b>4105 SW 15th</b> <b>FortLaudale FL 33317</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

CR2E037B (12/02)