

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90100 041 \*\*\*\*61.25

**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**

**6570 GRIFFIN RD  
#103-104  
DAVIE FL 33314**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**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  
4105 SW 18 CT  
FORT LAUDERDALE FL 33317**

Name **Ilea S Obispo**  
Street Address (P.O. Box Number is Not Acceptable)

**6820 SW 44 CT**  
City **Davie** FL Zip Code **33314**

**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 **Ilea S Obispo**

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

(NOTE: Registered Agent signature required when reinstating)

**8-12-03**

DATE

**FILE NOW: FEE IS \$61.25**

**After September 10, 2003, min will be \$236.25**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Delete  
NAME **OBISPO, ILEA**  
STREET ADDRESS **4103 SW 18 CT**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33317**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **OBISPO, SHERALD**  
STREET ADDRESS **4103 SW 18 CT**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33317**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **ROJAS, CARMEN**  
STREET ADDRESS **4105 SW 18 CT**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33317**

TITLE ☒ Change ☐ Addition  
NAME **VIVAS, XIMENA SECRETARY**  
STREET ADDRESS **P.O. BOX 840234**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33084**

TITLE ☒ Delete  
NAME **VIVAS, XIMENA**  
STREET ADDRESS **P.O. BOX 840234**  
CITY-ST-ZIP **PEMBROKE PINES FL 33084**

TITLE ☒ Change ☐ Addition  
NAME **TREASURER**  
STREET ADDRESS **VIVAS, LAURA**  
CITY-ST-ZIP **6711 JOHNSON ST APT 315 HOLLYWOOD FL 33024**

TITLE ☒ Delete  
NAME **CARDENDAS, NELSON**  
STREET ADDRESS **309 N WEST 109 AVE**  
CITY-ST-ZIP **PEMBROKE PINE FL 33026**

TITLE ☒ Change ☐ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **MARTINEZ, MAYRA**  
CITY-ST-ZIP **6820 SW 44 CT DAVIE, FL 33314**

TITLE ☒ Delete  
NAME **MARTINEZ, MAYRA**  
STREET ADDRESS **6820 SW 44 CT**  
CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☒ Change ☐ Addition  
NAME **MEDIUM DIRECTOR**  
STREET ADDRESS **VIVAS VENTURA, JAIME**  
CITY-ST-ZIP **6820 SW 44 CT DAVIE, FL 33314**

**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: **Ilea S Obispo**

**8-12-03 954-797-0662**

CR2E037 (4/03)