

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90008 047 ****75.00

DOCUMENT # N98000005495
 1. Entity Name
 IGLESIA PENTECOSTAL FUENTE DE VIDA, C.L.A. INC.



Principal Place of Business
 5840 WASHINGTON ST.
 HOLLYWOOD, FL 33020

Mailing Address
 5840 WASHINGTON ST.
 HOLLYWOOD, FL 33020

90107754



05272008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0662954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOTO, HECTOR L
 940 N. 66 AVE.
 HOLLYWOOD, FL 33024

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SOTO, HECTOR L REV 940 N. 66TH AVE. HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROSARIO, EMMA 553 NW 93 STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ROSARIO, EMMA 553 N.W. 93 ST. MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NEGRON, ROSA 4409 S.W. 66 TER. DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CRUZ, FELIX 7500 HAYES STREET HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Hector L. Soto Hector L. Soto 5-27-08 954-290-1479
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #