## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N98000005495

Apr 07, 2009 Secretary of State

Entity Name: IGLESIA PENTECOSTAL FUENTE DE VIDA, C.L.A. INC. **Current Principal Place of Business: New Principal Place of Business:** 5840 WASHINGTON ST. HOLLYWOOD, FL 33020 **Current Mailing Address: New Mailing Address:** 5840 WASHINGTON ST HOLLYWOOD, FL 33020 FEI Number: 65-0662954 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOTO, HECTOR L 940 N. 66 AVE. HOLLYWOOD, FL 33024 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SOTO, HECTOR L REV Name: Name: Address: 940 N. 66TH AVE. Address: City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: ROSARIO, EMMA Name: MOLINA, CORINA Address: **553 NW 93 STREET** Address: 224 S 57 WAY City-St-Zip: MIAMI, FL 33150 City-St-Zip: HOLLYWOOD, FL 33023 Title: () Delete Title: (X) Change ( ) Addition NEGRON, ROSA MONDOL, MAHMUDA B Name: Name: Address: 134 PALM AVE Address: 11926 SW 12 CT City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: **DAVIE. FL 33325** Title: ( ) Delete Title: () Change () Addition Name: GONZALEZ, ADRIAN Name: Address: 6441 CHARLESTON ST Address: City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR L. SOTO P 04/07/2009