

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/1:

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90208 024 \*\*\*\*70.00

**DOCUMENT # N99000000684**

1. Entity Name

**IGLESIA DE JESUCRISTO RIOS DE AGUA VIVA, INC.**

Principal Place of Business

Mailing Address

4995 N. PINE AVENUE  
 WINTER PARK FL 32792

4995 N. PINE AVENUE  
 WINTER PARK FL 32792-9112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3377 ALOMA AVE**

3. Mailing Address

**4970 N. PINE AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WINTER PARK, FL.**

City & State

**WINTER PARK, FL**

4. FEI Number

**59-3549189**

Applied For

Not Applicable

Zip

Country

**32732 U.S.**

Zip

Country

**32792 U.S.**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GONZALEZ, LEONARDO**  
 4995 N. PINE AVENUE  
 WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name **REV. LEONARDO GONZALEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4970 N. PINE AVENUE**  
 City **WINTER PARK, FL** Zip Code **32792**

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.

SIGNATURE REV. LEONARDO GONZALEZ PASTOR 4-24-00  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>REV. LEONARDO GONZALEZ D.</b>	
STREET ADDRESS <b>4970 N. PINE AVE</b>	
CITY-ST-ZIP <b>WINTER PARK, FL 32792 D.</b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PEDRO PADUA D.</b>	
STREET ADDRESS <b>2448 FABRY CR.</b>	
CITY-ST-ZIP <b>ORLANDO, FL 32817 D.</b>	
TITLE <b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Zaida Bello D.</b>	
STREET ADDRESS <b>3109 nicholson Dr.</b>	
CITY-ST-ZIP <b>winter Park FL 32792 D.</b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	

CR2E037 (9/99)

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: LEONARDO GONZALEZ 4/27/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #