## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000005266

City-St-Zip: CRESCENT CITY, FL 32112

FILED Jan 23, 2008 Secretary of State

Entity Name: IGLESIA FUENTE DE SALVACION, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
303 REYNOLD RD DE LEON SPRINGS, FL 32130  Current Mailing Address:				4949 BILLINGS AVE DE LEON SPRINGS, FL 32130  New Mailing Address:			
FEI Number:	: 59-3765668	FEI Number Applied For ( )	FEI Number Not Ap	plicable ( )	Certificate of Status Desire	d (X)	
Name and	Address of C	Current Registered Agent:	Name an	d Address of	New Registered Agent:		
PAULINO, VICTORIANO REV. 548 E. WALTS AVE DELAND, FL 32724 US				PAULINO, VICTORIANO REV. 2180 N. KEPLER RD. DELAND, FL 32724 US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing	; its registered	office or registered agent,	or both,	
SIGNATURE:				01/23/2008			
	Electron	nic Signature of Registered Age	ent		Date		
OFFICERS	S AND DIREC	TORS:	ADDITIC	NS/CHANGE	S TO OFFICERS AND DIF	RECTORS:	
Title: Name: Address: City-St-Zip:	T ( MARIA, PAULIN 324 S. WINSLO DELAND, FL 3	DW AVE	Title: Name: Address: City-St-Zip:		) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	T ( DELGADO, MIS P.O. BOX 42 PIERSON, FL		Title: Name: Address: City-St-Zip:	DELGADO, M 1313 E. VOOI	RHIS AVE		
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	PAULINO, VIČ 2180 N. KEPL			
Title: Name: Address: City-St-Zip:	C ( ALICIA, DELGA P.O. BOX 42 PIERSON, FL		Title: Name: Address: City-St-Zip:	ALICIA, DELG 1313 E. VOOI	RHIS AVE		
Title: Name:	T ( SANTANA, MIG		Title: Name:	T ( SANTANA, MI			

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.

City-St-Zip: CRESCENT CITY, FL 32112

SIGNATURE: VICTORIANO PAULINO B. **REV** 01/23/2008