

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005266

FILED
Jun 02, 2009
Secretary of State

Entity Name: IGLESIA FUENTE DE SALVACION, INC.

Current Principal Place of Business:

4949 BILLINGS AVE
DE LEON SPRINGS, FL 32130

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1084
DELEON SPRINGS, FL 32130

New Mailing Address:

FEI Number: 59-3765668 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PAULINO, VICTORIANO REV.
2180 N. KEPLER RD.
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: MARIA, PAULINO B
Address: 324 S. WINSLOW AVE
City-St-Zip: DELAND, FL 32724

Title: T () Delete
Name: DELGADO, MISAEAL
Address: 1313 E. VOORHIS AVE
City-St-Zip: DELAND, FL 32724

Title: P () Delete
Name: PAULINO, VICTORIANO B REV
Address: 2180 N. KEPLER RD.
City-St-Zip: DELAND, FL 32724

Title: C () Delete
Name: ALICIA, DELGADO P
Address: 1313 E. VOORHIS AVE
City-St-Zip: DELAND, FL 32724

Title: T () Delete
Name: SANTANA, MIGUEL
Address: 210 BASS TRAIL
City-St-Zip: CRESCENT CITY, FL 32112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: VICTORIANO PAULINO

REV

06/02/2009

Electronic Signature of Signing Officer or Director

Date