I hereby 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 all other like empowered.

SIGNATURE: EFRAIN REYES

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0500000687

Entity Name: IGLESIA BAUTISTA FUENTE DE SALVACION INC.

Current Principal Place of Business:

100 CYCLONE DRIVE FORT PIERCE, FL 34945

Current Mailing Address:

100 CYCLONE DRIVE FORT PIERCE, FL 34945

FEI Number: 54-2179262

Name and Address of Current Registered Agent:

MATOS, JOSE 6705 S US HIGHWAY 1 PORT ST LUCIE, FL 34952 US

SIGNATU	IRE:				
	Electronic Signature of Registered Agent				
Officer/Director Detail :					
Title	PTE	Title	D		
Name	REYES FERAIN PRESIDENT	Name	RODRIGUEZ ERASMO DEACO		

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.

Title	PTE	Title	D
Name	REYES, EFRAIN PRESIDENT	Name	RODRIGUEZ, ERASMO DEACONO
Address	705 S 29TH ST APT 12D	Address	2107 GOLFVIEW CT
City-State-Zip:	FORT PIERCE FL 34947	City-State-Zip:	FORT PIERCE FL 34950
Title	т	Title	SECRETARY
Name	GUZMAN, CECILIA TREASURY	Name	CRUZ, LEIDI SECRETARY
Address	705 S 29TH ST APT 12D	Address	2702 DELAWARE AVE
City-State-Zip:	FORT PIERCE FL 34947	City-State-Zip:	FORT PIERCE FL 34947
Title	DEACONO		
Name	MALDONADO, ANGELICA DEACONO		
Address	2107 GOLFVIEW CT		
City-State-Zip:	FORT PIERCE FL 34950		

PRESIDENT

04/16/2013

FILED Apr 16, 2013 Secretary of State CC4925417174

Date

Certificate of Status Desired: No

Date