

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001533

**FILED**  
**Mar 28, 2013**  
**Secretary of State**  
**CC5212868178**

**Entity Name:** AUDITORIUM OF PRAYER AND WORSHIP INC.

**Current Principal Place of Business:**

1821 ARMSTRONG BLVD  
KISSIMMEE, FL 34741

**Current Mailing Address:**

1821 ARMSTRONG BLVD  
KISSIMMEE, FL 34741

**FEI Number:** 59-3697380

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CORTES, MILDRED  
556 KILIMANJARO  
KISSIMMEE, FL 34758 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CORTES, MILDRED REV  
Address        556 KILIMANJARO  
City-State-Zip: KISSIMMEE FL 34758

Title            VP  
Name            CORTES JR., HECTOR MREV  
Address        556 KILIMANJARO  
City-State-Zip: KISSIMMEE FL 34758

Title            V  
Name            GASPAR, LABANINO  
Address        1821 ARMSTRONG BLV  
City-State-Zip: KISSIMMEE FL 34741

Title            DIRECTOR OF FINANCE  
Name            PEREZ, ANNETTE  
Address        1821 ARMSTRONG BLVD  
City-State-Zip: KISSIMMEE FL 34741

Title            S  
Name            CORTES, NADINE  
Address        1821 ARMSTRONG BLVD  
City-State-Zip: KISSIMMEE FL 34741

Title            V  
Name            CORTES, HECTOR M  
Address        1821 ARMSTRONG BLVD  
City-State-Zip: KISSIMMEE FL 34741

Title            VOCAL  
Name            BRIZUELA, GABRIELA M  
Address        1821 ARMSTRONG BLVD  
City-State-Zip: KISSIMMEE FL 34741

*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:** ANNETTE PEREZ

**DIRECTOR OF FINANCE**

**03/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date