

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006182

**Entity Name:** IGLESIA BAUTISTA BIBLICA EL FARO INC.

**Current Principal Place of Business:**

2661 MARSHALL ROAD NORTH  
HAINES CITY, FL 33844

**Current Mailing Address:**

POST OFFICE BOX 1645  
HAINES CITY, FL 33845

**FEI Number: 59-3737854**

**Certificate of Status Desired: Yes**

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

ARMENDARIZ, JORGE  
519 LAKE VIEW DRIVE  
KISSIMMEE, FL 34759 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 P  
Name ARMENDARIZ, JORGE  
Address 519 LAKE VIEW DRIVE  
City-State-Zip: KISSIMMEE FL 34759

Title D,MR  
Name MENESES, MARCOS  
Address 813 OGLETHORPE COURT  
City-State-Zip: KISSIMMEE FL 34758

Title D,MR  
Name DONATO, LUCIANO  
Address 1416 WOOD AVENUE  
City-State-Zip: HAINES CITY FL 33844

Title D  
Name BAUTISTA, ARNALDO  
Address 3125 HINSON AVE  
City-State-Zip: HAINES CITY FL 33844

*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: JORGE ARMENDARIZ**

**PASTOR**

**02/02/2014**

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

\_\_\_\_\_  
Date