

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004384

Entity Name: MINISTERIO SOLDADOS DE LA ORACION, CORP.**Current Principal Place of Business:**11000 S.W. 202ND DRIVE
#87
MIAMI, FL 33189**Current Mailing Address:**P.O. BOX 970561
MIAMI, FL 33197 US**FEI Number:** 87-0702433**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIVAS, JOSEFINA RODILLON
11000 S.W. 202ND DRIVE
#87
MIAMI, FL 33189 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:** JOSEFINA RODILLON RIVAS

05/10/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name RIVAS, JOSEFINA RODILLON
Address 11000 S.W. 202ND DRIVE APT. 87
City-State-Zip: MIAMI FL 33189

Title VP
Name BAQUERO, ELIAS
Address 435 LIFE STYLE LAND
City-State-Zip: WINDWOOD GA 30757

Title SEC
Name RAMIREZ, VIRGINIA G
Address 3267 VALMONT LN
City-State-Zip: KENNER LA 70065

Title D
Name DE LA ROSA, KARINA
Address 229 E KINGSBRIDGE RD
APT 4D
City-State-Zip: BRONX NY 10458

Title DIRECTOR
Name OTERO, CUCA
Address 5 AUBURNDALE HEIGHTS
City-State-Zip: BRIDGEWATER MA 02324

Title DIRECTOR
Name CABRERA, JACQUELINE
Address 7915 SW 193 ST
City-State-Zip: CUTLER BAY FL 33157

Title DIRECTOR
Name CHARLES, CHRISMENE
Address 115 NW 3 ST
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR, PR
Name ENCARNACION, MARTHA
Address 8120 GENEVA CT
APT. 449
City-State-Zip: DORAL FL 33166

Continues on page 2

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: VIRGINIA G RAMIREZ**SECRETARY**

05/10/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR COMMUNITY SERVICE
Name	DE LA ROSA, KARIEL
Address	200 BRADFORD AVE
City-State-Zip:	LINDEN NJ 07036