

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

DOCUMENT# N05000005048

**Entity Name:** SEEING THE IMPOSSIBLE FAITH CENTER, INC

**Current Principal Place of Business:**

11187 CLAYMORE STREET  
SPRINGHILL, FL 34609

**Current Mailing Address:**

11187 CLAYMORE STREET  
SPRINGHILL, FL 34609

**FEI Number:** 20-2812225

**Certificate of Status Desired:** Yes

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

MORILLA, GREGORY  
11187 CLAYMORE STREET  
SPRING HILL, FL 34609 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 MORILLA, GREGORY  
Address 11187 CLAYMORE STREET  
City-State-Zip: SPRING HILL FL 34609

Title VP  
Name MORILLA, LUCY  
Address P.O. BOX 5662  
City-State-Zip: SPRING HILL FL 34611

Title TD  
Name MELECIO, VIRGILIO  
Address P.O. BOX 5662  
City-State-Zip: SPRING HILL FL 34611

Title D  
Name ARBONA, MIRIAM  
Address P.O. BOX 5662  
City-State-Zip: SPRING HILL FL 34611

*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:** PASTOR GREGORY MORILLA

PASTOR

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date