

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007845

**Entity Name:** COMUNIDAD FAMILIAR TABERNACULO DE ADORACION, INC.

**FILED**  
**Feb 22, 2017**  
**Secretary of State**  
**CC5210211990**

**Current Principal Place of Business:**

403 GREEN ACRES RD  
FT. WALTON BEACH, FL 32547

**Current Mailing Address:**

1681 BENNETS END  
FT. WALTON BEACH, FL 32547

**FEI Number:** 20-5254265

**Certificate of Status Desired:** No

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

LUZ SUAREZ  
620 N BEAL PKWY  
FT. WALTON BEACH, FL 32548 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	DOMINGUEZ, SAMUEL
Address	1996 SALAMANCA STREET
City-State-Zip:	NAVARRE FL 32566
Title	T
Name	PADILLA, PATRICIA TR
Address	23 D WRIGHT PKWY
City-State-Zip:	FT WALTON BEACH FL 32548
Title	BD
Name	SUAREZ, LUZ
Address	620 N BEAL PKWY
City-State-Zip:	FT WALTON BEACH FL 32548

Title	VP
Name	SANCHEZ, JUAN L
Address	620 N BEAL PKWY
City-State-Zip:	FT, WALTON BEACH FL 32548
Title	S
Name	SUAREZ, LIGEN N
Address	1996 SALAMANCA ST
City-State-Zip:	NAVARRE FL 32566

*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:** LUZ N SUAREZ

**PASTOR**

**02/22/2017**

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

\_\_\_\_\_  
Date