

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007845

Entity Name: COMUNIDAD FAMILIAR TABERNACULO DE ADORACION, INC.**Current Principal Place of Business:**403 GREEN ACRES RD
FT. WALTON BEACH FL 32547**Current Mailing Address:**1681 BENNETTS END
FT. WALTON BEACH FL 32547**FEI Number:** 20-5254265**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LUZ SUAREZ
1681 BENNETTS END
FT. WALTON BEACH FL 32547 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	VP
Name	SANCHEZ, JUAN L
Address	1681 BENNETTS END
City-State-Zip:	FT, WALTON BEACH FL 32547

Title	T
Name	PADILLA, PATRICIA TR
Address	23 D WRIGHT 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

Title	BD
Name	SUAREZ, LUZ
Address	1681 BENNETTS END
City-State-Zip:	FT WALTON BEACH FL 32547

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

BD

02/23/2015

Electronic Signature of Signing Officer/Director Detail_____
Date