

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007845

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

**FILED**  
**Jun 08, 2020**  
**Secretary of State**  
**8799402229CC**

**Current Principal Place of Business:**

403 GREEN ACRES RD  
FT. WALTON BEACH, FL 32547

**Current Mailing Address:**

620 N BEAL PKWY  
FT WALTON BEACH, FL 32548 US

**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 VP  
Name SUAREZ, LUZ N  
Address 620 N BEAL PKWY  
City-State-Zip: FT, WALTON BEACH FL 32548  
  
Title BD  
Name SANCHEZ, JUAN L  
Address 620 N BEAL PKWY  
City-State-Zip: FT WALTON BEACH FL 32548

*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 SUAREZ

**PASTOR**

**06/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date