

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009684

**Entity Name:** IGLESIA AUDITORIO DE LA FE, INC.

**Current Principal Place of Business:**

2010 NW 150TH AVE  
SUITE105  
PEMBROKES PINES, FL 33028

**Current Mailing Address:**

P.O. BOX 820814  
SOUTH FLORIDA, FL 33082 US

**FEI Number:** 20-5576424

**Certificate of Status Desired:** No

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

ORTIZ, LEMUEL A  
15939 SW 54TH CT  
MIRAMAR, FL 33027 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 ORTIZ, EDWIN L  
Address P.O. BOX 820814  
City-State-Zip: SOUTH FLORIDA FL 33082

Title VP  
Name ARROYO - PANTOJA, MARIA DEL C  
Address 2010 NW 150TH AVE  
SUITE 105  
City-State-Zip: PEMBROKE PINES FL 33028

Title T  
Name ALVARADO- RIVERA, TANIA  
Address 15939 SW 54TH CT  
City-State-Zip: MIRAMAR FL 33027

Title D  
Name FERREIRA, CARLOS  
Address 100 SW 130 TERRACE  
APT # 205  
City-State-Zip: PEMBROKE PINES FL 33027

Title D  
Name QUINTANA, MAURICIO  
Address 15110 SW 51ST ST.  
City-State-Zip: MIRAMAR FL 33027

Title D  
Name OCHOA, GEORGE  
Address 4551 E SENECA AVE  
City-State-Zip: WESTON FL 33332

*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:** EDWIN L ORTIZ

P

04/15/2024

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

\_\_\_\_\_  
Date