

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006093

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC9150192459**

**Entity Name:** IGLESIA EVANGELICA EBEN-EZER CAM, INC.

**Current Principal Place of Business:**

6210B SOUTH DIXIE HIGHWAY  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

6210B SOUTH DIXIE HIGHWAY  
WEST PALM BEACH, FL 33405 US

**FEI Number:** 26-0518263

**Certificate of Status Desired:** No

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

VIAJESERVI USA  
454NW 22 AVE  
205  
MIAMI, FL 33125 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 PEREZ DE LEON, FILEMON M  
Address 1409 WARREN ROAD  
City-State-Zip: WEST PALM BEACH FL 33405

Title VP  
Name DE LEON-SANCHEZ, DAVID  
Address 3812 DAWES AVENUE  
City-State-Zip: WEST PALM BEACH FL 33405

Title S  
Name PEREZ DE LEON, WILSON F  
Address 1409 WARREN ROAD  
City-State-Zip: WEST PALM BEACH FL 33405

Title T  
Name PEREZ DE LEON, BLANCA C  
Address 1409 WARREN RD  
City-State-Zip: WEST PALM BEACH FL 33405

Title DIR  
Name DE LEON DE PEREZ, EMMA R  
Address 1409 WARREN ROAD  
City-State-Zip: WEST PALM BEACH FL 33405

*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:** FILEMON M PEREZ DE LEON

**PRESIDENT**

**04/29/2015**

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

\_\_\_\_\_  
Date