Entity Name: MINISTERIO INTERNACIONAL DE ALABANZA Y ADORACION JERUSALEM, CORPORATION
Current Principal Place of Business:

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

3401 HANCOCK BRIDGE PKWY NORTH FORT MYERS, FL 33903

DOCUMENT# N0800000547

Current Mailing Address:

3401 HANCOCK BRIDGE PKWY NORTH FORT MYERS, FL 33903

FEI Number: 26-1767651

Name and Address of Current Registered Agent:

COCA, RICARDO J 1011 SW 1ST TERR CAPE CORAL, FL 33991 US Certificate of Status Desired: Yes

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

Officer/Director Detail :

Oncerbirector Detail.				
Title	PRESIDENT, PASTOR	Title	DIRECTOR	
Name	COCA, ANA	Name	COCA, SANTOS R	
Address	1011 SW 1 TERR	Address	1011 SW 1 TERR	
City-State-Zip:	CAPE CORAL FL 33991	City-State-Zip:	CAPE CORAL FL 33991	
Title	TREASURER, DIRECTOR	Title	DEACONESS	
Name	MORENO, MARIA Z	Name	CABEZAS, SONIA G	
Address	1011 SW 1 TERR	Address	1826 SW 2ND AVE	
City-State-Zip:	CAPE CORAL FL 33391	City-State-Zip:	CAPE CORAL FL 33909	
Title	DEACONESS	Title	VP, PASTOR	
Title Name	DEACONESS BARRIOS, RUTH	Title Name	VP, PASTOR COCA, ROSANGELA R	
			,	
Name	BARRIOS, RUTH	Name	COCA, ROSANGELA R 1011 SW 1ST TERR	
Name Address	BARRIOS, RUTH 1019 RIDGE WAY DR	Name Address	COCA, ROSANGELA R 1011 SW 1ST TERR	
Name Address City-State-Zip:	BARRIOS, RUTH 1019 RIDGE WAY DR NORTH FORT MYERS FL 33903	Name Address City-State-Zip:	COCA, ROSANGELA R 1011 SW 1ST TERR CAPE CORAL FL 33991	
Name Address City-State-Zip: Title	BARRIOS, RUTH 1019 RIDGE WAY DR NORTH FORT MYERS FL 33903 DEACON, DIRECTOR	Name Address City-State-Zip: Title	COCA, ROSANGELA R 1011 SW 1ST TERR CAPE CORAL FL 33991 DEACON	
Name Address City-State-Zip: Title Name	BARRIOS, RUTH 1019 RIDGE WAY DR NORTH FORT MYERS FL 33903 DEACON, DIRECTOR COCA, RICARDO J	Name Address City-State-Zip: Title Name	COCA, ROSANGELA R 1011 SW 1ST TERR CAPE CORAL FL 33991 DEACON BARRIOS, GUILLERMO 1019 RIDGE WAY DR	

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: ANA COCA

PRESIDENT, PASTOR 09/11/2013

Electronic Signature of Signing Officer/Director Detail

FILED Sep 11, 2013 Secretary of State CC8389057610

Date

Date