

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011704

**Entity Name:** TABERNACULO DE ALABANZA, INC.

**Current Principal Place of Business:**

11020 ROSEMARY DRIVE  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

24231 COCK ROBIN LANE  
BONITA SPRINGS, FL 34135 US

**FEI Number:** 27-1561779

**Certificate of Status Desired:** Yes

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

JUAREZ, MARIO E  
ACCOUNTING SOLUTIONS OF SWFL, INC.  
1400 COLONIAL BLVD SUITE 253  
FORT MYERS, FL 33907 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 PD  
Name GRAMAJO, GABRIEL  
Address 11020 ROSEMARY DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title SD  
Name GRAMAJO, MIRNA E  
Address 11020 ROSEMARY DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title TD  
Name RAMIREZ, ARCELIA  
Address 9241 CYPRESS DRIVE N.  
City-State-Zip: FORT MYERS FL 33967

Title D  
Name RAMIREZ, ARAON  
Address 9241 CYPRESS DRIVE N.  
City-State-Zip: FORT MYERS FL 33967

Title D  
Name GRAMAJO, JOSUE G  
Address 27951 QUINN STREET  
City-State-Zip: BONITA SPRINGS FL 34135

Title D  
Name GASPAR, JUAN  
Address 25501 TROST BLVD  
City-State-Zip: BONITA SPRINGS FL 34135

*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:** GABRIEL GRAMAJO

PD

04/30/2014

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

\_\_\_\_\_  
Date