

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011704

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

**Current Principal Place of Business:**

28441 S. TAMIAMI TRAIL  
UNIT # 113  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

P O BOX 967  
BONITA SPRINGS, FL 34133 US

**FEI Number:** 27-1561779

**Certificate of Status Desired:** No

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

FOLEY FORENSIC ACCOUNTING LLC  
4100 CORPORATE SQUARE  
100  
NAPLES, FL 34104 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:** ALBALUCIA FOLEY

01/23/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name GRAMAJO, GABRIEL  
Address 24231 COCK ROBIN LANE  
City-State-Zip: BONITA SPRINGS FL 34135

Title SD  
Name GRAMAJO, MIRNA E  
Address 24231 COCK ROBIN LANE  
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

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date