

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

**FILED**

**Apr 29, 2024**

**Secretary of State**

**8252091373CC**

DOCUMENT# N13000010261

**Entity Name:** IGLESIA DE DIOS PENTECOSTAL MOVIMIENTO  
INTERNACIONAL INC 082

**Current Principal Place of Business:**

840 FORT SMITH BLVD  
DELTONA, FL 32738

**Current Mailing Address:**

12621 BALCOMBE RD  
ORLANDO, FL 32837 US

**FEI Number: 46-3992876**

**Certificate of Status Desired: Yes**

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

ORTIZ GUZMAN , ANTONIO  
12621 BALCOMBE RD  
ORLANDO, FL 32837 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: ANTONIO ORTIZ GUZMAN**

**04/29/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTOR, PRESIDENT  
Name PIZARRO TRINIDAD, JACOB  
Address 17030 SE 130TH AVENUE  
City-State-Zip: DELTONA FL 32195

Title TREASURER  
Name VALENTIN, EDWIN  
Address 1240 13TH STREET  
City-State-Zip: ORANGE CITY FL 32763

Title EXECUTIVE  
Name TRABAL, CARLOS M  
Address 126212 BALCOMBE ROAD  
City-State-Zip: ORLANDO FL 32837

Title VOCAL III  
Name FIGUEROA, ANGEL L  
Address 1569 CARMONA CT  
City-State-Zip: DELTONA FL 32737

Title MISSIONARY  
Name RAMOS PIZARRO, RUTH S  
Address 17030 SE 130TH AVENUE  
City-State-Zip: DELTONA FL 32195

Title VOCAL I  
Name GONZALEZ, ALBERTO  
Address 1202 GAGE AVE  
City-State-Zip: DELTONA FL 32738

Title SECRETARY  
Name GUERRERO MEJIA, LUZ MARIBEL  
Address 670 GAINSBORO STREET  
City-State-Zip: DELTONA FL 32725

Title ASST. SECRETARY  
Name MALDONADO, EMARILYS  
Address 2301 E DANA DR  
City-State-Zip: DELTONA FL 32738

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*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: CARLOS M TRABAL**

**EXECUTIVE**

**04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           VOCAL II  
Name           ARROYO, EDWIN  
Address        985 GREENLEAF GARDENS CT.  
                  APT 6  
City-State-Zip: ORANGE CITY FL 32763

Title           ASST. TREASURER  
Name           COLLAZO, CLAUDIO  
Address        2480 DOUBLE TREE PL  
City-State-Zip: OVIEDO FL 32766