

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

DOCUMENT# N13000010799

**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**7832088395CC**

**Entity Name:** IGLESIA DE DIOS PENTECOSTAL MOVIMIENTO  
INTERNACIONAL INC 054

**Current Principal Place of Business:**

1302 SOUTH 33RD STREET  
FORT PIERCE, FL 34947

**Current Mailing Address:**

12621 BALCOMBE RD  
ORLANDO, FL 32837 US

**FEI Number: 46-3923906**

**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

**04/26/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTOR, PRESIDENT  
Name SEPULVEDA, LUIS  
Address 504 SE FLORESTA DR  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title SECRETARY  
Name ORTIZ, LUCIANA  
Address 1607 OLEANDER BLVD  
City-State-Zip: FORT PIERCE FL 34950

Title EXECUTIVE DIRECTOR  
Name LOPEZ, JESUS M  
Address 12340 HAMMOCK HILL DRIVE  
City-State-Zip: CLERMONT FL 34711

Title TREASURER  
Name CALDERON , JOSUE  
Address 2817 SUNRISE BLVD  
City-State-Zip: FORT PIERCE FL 34982

Title ASST. SECRETARY  
Name LOPEZ, SILVIA  
Address 1012 TORTUGAS AVENUE  
City-State-Zip: FT PIERCE FL 34982

Title ASST. TREASURER  
Name FERNANDEZ , BULMARO  
Address 1108 BEACH CT  
City-State-Zip: FT PIERCE FL 34950

Title VOCAL I  
Name LOPEZ, ROSALBA  
Address 4039 GREENWOOD DRIVE  
City-State-Zip: FT PIERCE FL 34982

Title VOCAL II  
Name QUAN, FRANCISCO J  
Address 5704 PAPAYA DRIVE  
City-State-Zip: FT PIERCE FL 34982

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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:** JESUS M LOPEZ

**EXECUTIVE DIRECTOR**

**04/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           VOCAL III  
Name           VILLA, REINA  
Address        901 S 17TH STREET  
City-State-Zip: FT PIERCE FL 33950

Title           MISIONARRY  
Name           SEPULVEDA, LUCY  
Address        504 SE FLORESTA DR  
City-State-Zip: PORT SAINT LUCIE FL 34983