# Entity Name: IGLESIA DE DIOS PENTECOSTAL MOVIMIENTO INTERNACIONAL INC 056

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

2895 SE HAWTHORNE ST STUART, FL 34997

#### **Current Mailing Address:**

DOCUMENT# N13000010803

12621 BALCOMBE RD ORLANDO, FL 32837 US

### FEI Number: 46-4122531

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

RINCON PARRA, LUIS E 12621 BALCOMBE RD. ORLANDO, FL 32837 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 :**

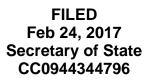
| Title                                       | SD                                                                           | Title                                       | VOCAL I                                                               |  |  |
|---------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------|--|--|
| Name                                        | NUNEZ, MARIA DE LOS A M                                                      | Name                                        | GONZALEZ, JUAN J                                                      |  |  |
| Address                                     | 2799 SE AMHEST ST                                                            | Address                                     | 350 SW WINNOCHEE DR                                                   |  |  |
| City-State-Zip:                             | STUART FL 34997                                                              | City-State-Zip:                             | STUART FL 34994                                                       |  |  |
| Title                                       | ED                                                                           | Title                                       | PRESIDENT                                                             |  |  |
| Name                                        | HERNANDEZ, EDWIN                                                             | Name                                        | RODRIGUEZ, DANIEL                                                     |  |  |
| Address                                     | 3505 O'BERRY RD                                                              | Address                                     | 2895 SE HAWTHORNE ST                                                  |  |  |
| City-State-Zip:                             | KISSIMMEE FL 34746                                                           | City-State-Zip:                             | STUART FL 34997                                                       |  |  |
| Title<br>Name<br>Address<br>City-State-Zip: | ASST. SECRETARY<br>MOLINA, DIANA<br>2895 SE HAWTHORNE ST<br>STUART FL 34997  | Title<br>Name<br>Address<br>City-State-Zip: | TREASURER<br>MORALES, HEIDI<br>2895 SE HAWTHORN ST<br>STUART FL 34997 |  |  |
| Title<br>Name<br>Address<br>City-State-Zip: | ASST. TREASURER<br>NUÑEZ, ABIGAIL<br>2895 SE HAWTHORNE ST<br>STUART FL 34997 | Title<br>Name<br>Address<br>City-State-Zip: | VOCAL I<br>GONZALEZ , JUAN<br>2895 SE HAWTHORNE ST<br>STUART FL 34997 |  |  |
|                                             |                                                                              | <b>•</b> •                                  | <u> </u>                                                              |  |  |

## Continues on page 2

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: HERNANDEZ EDWIN | ED | 02/24/2017 |
|----------------------------|----|------------|
|----------------------------|----|------------|

Electronic Signature of Signing Officer/Director Detail



Date

Date

### **Officer/Director Detail Continued :**

| Title           | VOCAL II             | Title           | VOCAL III            |
|-----------------|----------------------|-----------------|----------------------|
| Name            | TACAN, AMALIA        | Name            | SANCHEZ, ADELA       |
| Address         | 2895 SE HAWTHORNE ST | Address         | 2895 SE HAWTHORNE ST |
| City-State-Zip: | STUART FL 34997      | City-State-Zip: | STUART FL 34997      |