# 2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

DOCUMENT# N13000010880

Entity Name: PRIMERA IGLESIA CRISTIANA ADORAM, INC.

**FILED** May 08, 2015 **Secretary of State** CC9133414115

#### **Current Principal Place of Business:**

2010 HIGHWAY 27 DUNDEE, FL 33838

## **Current Mailing Address:**

107 RICHMAR AVE HAINE CITY, FL US

FEI Number: 46-4801898 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

HAINE CITY FL 33844

HAINE CITY FL 33844

ORTIZ, CARLOS PASTOR 107 RICHMAR AVE HAINE CITY, FL 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:

City-State-Zip:

City-State-Zip:

Name

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title Title VΡ

Name ORTIZ, SHIRLEY M PASTOR 2 Name ORTIZ, CARLOS PASTOR 5873 WINDRIDGE DR Address 107 RICHMAR AVE Address

City-State-Zip: WINTER HAVEN FL 33881 HAINE CITY FL 33844 City-State-Zip:

Title ASST. SECRETARY Title **SECRETARY** 

Name BETANCOURT, BLEYSON GONZALEZ, EDWIN J Name

Address 3043 CLUB CIR Address 133 CLAY CUT CIR

133 CLAY CUT CIR City-State-Zip: LAKESHORE FL 33854

Title **TREASURER** 

Title **SECRETARY** Name EDWIN, GONZALEZ O

GONZALEZ, LAUREN 941 GLOUSCESTER COURT Address

133 CLAY CUT CIR Address City-State-Zip: KISSIMME FL 34758

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 ORTIZ **VP**