

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

DOCUMENT# N14000000724

**FILED**  
**Jan 30, 2024**  
**Secretary of State**  
**5985255705CC**

**Entity Name:** MINISTERIO INTERNACIONAL EDIFICANDO LOS TEMPLOS DE DIOS, INC.

**Current Principal Place of Business:**

13347 BLYTHEWOOD DRIVE  
SPRING HILL, FL 34609-0712

**Current Mailing Address:**

13347 BLYTHEWOOD DRIVE  
SPRING HILL, FL 34609-0712 US

**FEI Number: 46-4480727**

**Certificate of Status Desired: No**

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

CABRANES, CASIMIRO  
13347 BLYTHEWOOD DRIVE  
SPRING HILL, FL 34609-0712 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CABRANES, CASIMIRO  
Address 13347 BLYTHEWOOD DRIVE  
City-State-Zip: SPRING HILL FL 34609-0712

Title VD  
Name DOMINGUEZ, LUIS  
Address 12144 LINDEN DRIVE  
City-State-Zip: SPRING HILL FL 34608

Title S  
Name CANTERO, CARLOS M  
Address 397 SEA HOLLY DRIVE  
City-State-Zip: BROOKSVILLE FL 34604

Title T  
Name GARCIA, MARINA D  
Address 397 SEA HOLLY DRIVE  
City-State-Zip: BROOKSVILLE FL 34604

Title OD  
Name BONILLA, SILVIA  
Address 13347 BLYTHEWOOD DRIVE  
City-State-Zip: SPRING HILL FL 34609-0712

Title O  
Name DOMINGUEZ, VIOLETA  
Address 12144 LINDEN DRIVE  
City-State-Zip: SPRING HILL FL 34608

*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: CASIMIRO CABRANES**

**PD**

**01/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date