

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001731

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**6833508964CC**

**Entity Name:** IGLESIA DE DIOS PENTECOSTAL MOVIMIENTO INTERNACIONAL INC 093

**Current Principal Place of Business:**

1131 NORTH GOLDENROD RD  
ORLANDO, FL 32807

**Current Mailing Address:**

12621 BALCOMBE RD.  
ORLANDO, FL 32837 US

**FEI Number:** 46-3948002

**Certificate of Status Desired:** Yes

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

RINCON PARRA, LUIS E  
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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name PADILLA, EPHRAIN  
Address 2324 RUTLEDGE AVENUE  
City-State-Zip: ORLANDO FL 32817

Title SECRETARY  
Name MORALES, JOANIE  
Address 7300 GATEHOUSE CIR APT 11  
City-State-Zip: ORLANDO FL 32807

Title TREASURER  
Name SANTIAGO, KAREN  
Address 1525 INDIAN SUMMER LN  
City-State-Zip: ORLANDO FL 32825

Title ED  
Name RUIZ, JUAN E  
Address 12177 STONE BARK TRL  
City-State-Zip: ORLANDO FL 32824

Title VOCAL II  
Name VELEZ DEL TORO, ARANCY AIMED  
Address 8037 ELMSTONE CIRCLE  
City-State-Zip: ORLANDO FL 32822

Title VOCAL III  
Name COTTO TORRES, RUDDY A  
Address 9055 FORT JEFFERSON BLVD  
City-State-Zip: ORLANDO FL 32822

Title ASST. TREASURER  
Name ALVARADO, CARMEN L  
Address 354 AUTUMN BREEZE WAY  
City-State-Zip: WINTER PARK FL 32792

Title VOCAL I  
Name NOGUERA MARTINEZ, VIRGILIO  
Address 8613 CLARIBORNE CT  
City-State-Zip: ORLANDO FL 32825

**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:** JUAN E RUIZ

ED

04/29/2019

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name SUAREZ, KATHY  
Address 1131 N GOLDEROD RD  
City-State-Zip: ORLANDO FL 32807

Title VOCAL V  
Name RIVERA FLORES, RAYMOND ELIEZEER  
Address 12330 PAPER BIRCH LN  
City-State-Zip: ORLANDO FL 32824

Title VOCAL IV  
Name POMALES TIRADO, CELINES  
Address 7413 MARBELLA PT DRIVE  
APT 306  
City-State-Zip: ORLANDO FL 32822