

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001741

**FILED**  
**Apr 21, 2016**  
**Secretary of State**  
**CC5968172352**

**Entity Name:** IGLESIA DE DIOS PENTECOSTAL MOVIMIENTO INTERNACIONAL INC 121

**Current Principal Place of Business:**

4618 IRLO BRONSON MEMORIAL HWY W  
KISSIMMEE, FL 34746

**Current Mailing Address:**

12621 BALCOMBE RD  
ORLANDO, FL 32837 US

**FEI Number: 46-4173823**

**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 COSME, AURA M  
Address 1013 E COLUMBIA AVE  
City-State-Zip: KISSIMMEE FL 34744

Title SD  
Name MELENDEZ SANTIAGO, MARGARITA  
Address 288 SCOTT BLVD.  
City-State-Zip: KISSIMMEE FL 34746

Title TD  
Name MERCADO, EVA L  
Address 5112 SAGE WAY  
City-State-Zip: KISSIMMEE FL 34758

Title VOCAL II  
Name MARTINEZ, EDWIN L  
Address 773 LEOPARD CT.  
City-State-Zip: KISSIMMEE FL 34759

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

Title ASST. SECRETARY  
Name AYALA, YANIRA  
Address 4618 W. IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL 34746

Title ASST. TREASURER  
Name FIGUEROA, RUSSELL  
Address 4618 W. IRLO BRONSON MEMORIAL HWY  
City-State-Zip: KISSIMMEE FL 34746

Title VOCAL I  
Name MARTINEZ, AIDA  
Address 4618 W. IRLO BRONSON MEM HWY  
City-State-Zip: KISSIMMEE FL 34746

*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: LOPEZ, JESUS M**

**D**

**04/21/2016**

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

\_\_\_\_\_  
Date