

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000004642

**FILED  
Mar 27, 2018  
Secretary of State  
CC7488586703**

**Entity Name:** CONCILIO DE IGLESIAS DE CRISTO MISIONERA MI INC EL SHADDAI

**Current Principal Place of Business:**

656 SW PORT SAINT LUCIE BLVD  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

656 SW PORT SAINT LUCIE BLVD  
PORT SAINT LUCIE, FL 34953 US

**FEI Number: 81-2530056**

**Certificate of Status Desired: No**

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

RAMOS, DENNIS L  
622 SW PORT SAINT LUCIE BLVD  
PORT SAINT LUCIE, FL 34953 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 PASTOR  
Name RAMOS, DENNIS L  
Address 622 SW PORT SAINT LUCIE BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title PASTOR  
Name ALEJANDRO, JESSICA  
Address 622 SW PORT SAINT LUCIE BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title SECRETARY  
Name NAVARIJO, ENDI  
Address 622 SW PORT SAINT LUCIE BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title TREASURER  
Name ARDIANO, SALVADOR  
Address 622 SW PORT SAINT LUCIE BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34953

*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: DENNIS RAMOS

PASTOR

03/27/2018

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

\_\_\_\_\_  
Date