

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000006180

**Entity Name:** IGLESIA DEL MINISTERIO DE DIOS PENTECOSTES INT'L INC.

**FILED**  
**Apr 29, 2022**  
**Secretary of State**  
**0878511941CC**

**Current Principal Place of Business:**

4801 BROADWAY  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

4801 BROADWAY  
WEST PALM BEACH, FL 33407 US

**FEI Number: 81-3130965**

**Certificate of Status Desired: No**

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

FAITH UNITED INTERNATIONAL MINISTRIES INC  
4801 BROADWAY  
WEST PALM BEACH, FL 33407 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: DENISE NEAL**

**04/29/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTOR  
Name SOPON MENDOZA, RENE  
Address 4801 BROADWAY  
City-State-Zip: WEST PALM BEACH FL 33407

Title TREASURER  
Name OXLAJ LOPEZ, MELBIN  
Address 1220 SW 26TH ST APT 2  
City-State-Zip: FORT LAUDERDALE FL 33315

Title ASST. SECRETARY  
Name CHAJ, ARMANDO  
Address 4801 BROADWAY  
City-State-Zip: WEST PALM BEACH FL 33407

Title SECRETARY  
Name SOPON, YESIKA  
Address 1544 NW 15TH TER  
City-State-Zip: FORT LAUDERDALE FL 33311

Title PASTOR  
Name PEREZ SOPON, JOEL  
Address 40 WINDSOR ST  
City-State-Zip: SPRINGFIELD MA 01105

Title ASST. TREASURER  
Name VAZQUEZ DE SOPON, GLORIA  
Address 1544 NW 15TH TER  
City-State-Zip: FORT LAUDERDALE FL 33311

Title PASTOR  
Name DIAZ MONSON, OLEGARIO  
Address 4801 BROADWAY  
City-State-Zip: WEST PALM BEACH FL 33407

Title AUTHORIZED REPRESENTATIVE  
Name NEAL, DENISE  
Address 805 VIRGINIA AVENUE,  
STE. #6  
City-State-Zip: FORT PIERCE FL 34982

**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: YESIKA SOPON**

**SECRETARY**

**04/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            CM  
Name            SOPON, LUIS  
Address        4801 BROADWAY  
City-State-Zip: WEST PALM BEACH FL 33407