| 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: MARIA A MALAVE

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

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

# Officer/Director Detail :

| Unicer/Director Detail. |  |                 |                                     |  |
|-------------------------|--|-----------------|-------------------------------------|--|
| Title                   | Р  | Title           | TRE                                 |  |
| Name                    | MALAVE, JOSE L PASTOR                      | Name            | TRINIDAD, CARMEN                    |  |
| Address                 | 985 N VILLAGE DR                           | Address         | 985 N VILLAGE DR                    |  |
| City-State-Zip:         | DELTONA FL 32725                           | City-State-Zip: | DELTONA FL 32725                    |  |
|                         |  |                 |                                     |  |
| Title                   | SEC  | Title           | D                                   |  |
|                         |  |                 |                                     |  |
| Name                    | MALAVE, MARIA A PASTOR                     | Name            | SORIA, FEDERICO                     |  |
| Name<br>Address         | MALAVE, MARIA A PASTOR<br>985 N VILLAGE DR | Name<br>Address | SORIA, FEDERICO<br>985 N VILLAGE DR |  |
|                         |  |                 |                                     |  |

# 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1700000371

## Entity Name: LA MANO DE JEHOVA INTERNATIONAL MINISTRY, INC

**Current Principal Place of Business:** 

1290 E NORMANDY BLVD. SUITE 3 DELTONA, FL 32725

## **Current Mailing Address:**

985 N VILLAGE DR DELTONA, FL 32725 US

## FEI Number: 82-1396687

Name and Address of Current Registered Agent:

MALAVE, MARIA A 985 N VILLAGE DR DELTONA, FL 32725 US

Date

Date

03/02/2018