

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

DOCUMENT# N17000001155

**Entity Name:** IGLESIA DE CRISTO "EL SHADDAI" INC.

**Current Principal Place of Business:**

6926 TRAIL BLVD.  
NAPLES, FL 34108

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**6720653120CC**

**Current Mailing Address:**

4285 17 AVE. SW  
NAPLES, FL 34116 US

**FEI Number: 81-5483183**

**Certificate of Status Desired: No**

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

MONTEALEGRE, J. ISRAEL DR.  
2863 SW 69 CT.  
MIAMI, FL 33155 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 CIFUENTES, OTTO  
Address 4285 17 AVE. SW  
City-State-Zip: NAPLES FL 34116

Title VPD  
Name CIFUENTES, ALMA  
Address 4285 17 AVE. SW  
City-State-Zip: NAPLES FL 34116

Title SD  
Name MAZARIEGOS, CARLOS  
Address 4285 17 AVE. SW  
City-State-Zip: NAPLES FL 34116

Title TD  
Name BARILLAS, OFELIA  
Address 4285 17 AVE. SW  
City-State-Zip: NAPLES FL 34116

Title TD  
Name AGUILAR, RICARDO  
Address 4285 17 AVE. SW  
City-State-Zip: NAPLES FL 34116

*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: OTTO CIFUENTES**

**P**

**04/29/2019**

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

\_\_\_\_\_  
Date