

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000001903

**Entity Name:** INSTITUTO BIBLICO JESUCRISTO PAN DE VIDA INC**Current Principal Place of Business:**2201 SW COLLEGE RD SUITE 13  
OCALA, FL 34471**Current Mailing Address:**2201 SW COLLEGE RD SUITE 13  
OCALA, FL 34471 US**FEI Number: 81-5411415****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SOTO, PEDRO A SR.  
13449 SW 112TH PLACE  
DUNNELLON, FL 34432 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            | SOTO, MARIA M               |
| Address         | 2201 SW COLLEGE RD SUITE 13 |
| City-State-Zip: | OCALA FL 34471              |

|                 |                    |
|-----------------|--------------------|
| Title           | VP                 |
| Name            | SOTO, PEDRO A. SR  |
| Address         | 13449 SW 112TH PL  |
| City-State-Zip: | DUNNELLON FL 34432 |

|                 |                  |
|-----------------|------------------|
| Title           | OFFICER          |
| Name            | ACEVEDO, OSCAR   |
| Address         | 944 GRAPE STREET |
| City-State-Zip: | DELTONA FL 32725 |

|                 |                         |
|-----------------|-------------------------|
| Title           | SECRETARY               |
| Name            | OTERO, ANGELICA M.      |
| Address         | 9106 N MENDOZA WAY      |
| City-State-Zip: | CITRUS SPRINGS FL 34434 |

|                 |                      |
|-----------------|----------------------|
| Title           | TREASURER            |
| Name            | ACEVEDO, FANNY       |
| Address         | 944 GRAPEWOOD STREET |
| City-State-Zip: | DELTONA FL 32725     |

*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: SOTO, MARIA M****P****02/18/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date