

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000002269

**Entity Name:** IGLESIA METROPOLITANA INTERNACIONAL CORPORATION

**FILED**  
**Feb 05, 2024**  
**Secretary of State**  
**5697472660CC**

**Current Principal Place of Business:**

222 N. SEMORAN BLVD.  
ORLANDO, FL 32807

**Current Mailing Address:**

540 KOALA DR.  
KISSIMMEE, FL 34759 US

**FEI Number: 82-1410582**

**Certificate of Status Desired: No**

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

RINCON, ANDRES E  
540 KOALA DR.  
KISSIMMEE, FL 34759 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 RINCON, ANDRES E  
Address 540 KOALA DR.  
City-State-Zip: KISSIMMEE FL 34759

Title DT  
Name RINCON, YDA  
Address 540 KOALA DR.  
City-State-Zip: KISSIMMEE FL 34759

Title VP  
Name RINCON, WANDA E  
Address 540 KOALA DR.  
City-State-Zip: KISSIMMEE FL 34759

Title D  
Name SORIANO, CARLOS J  
Address 4793 ROCKVALE DR.  
City-State-Zip: KISSIMMEE FL 34758

Title SECRETARY  
Name CABRERA, MARIA A  
Address 149 SEDGEFIELD CIRCLE  
City-State-Zip: WINTER PARK FL 32792

Title D  
Name GARAY, CARLOS  
Address PO BOX 1652  
City-State-Zip: GOLDENROD FL 32733

*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: CARLOS GARAY**

**DIRECTOR**

**02/05/2024**

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

\_\_\_\_\_  
Date