

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47411

**Entity Name:** IGLESIA ALIANZA CRISTIANA Y MISIONERA, KISSIMMEE, INC.**Current Principal Place of Business:**2617 MICHIGAN AVE  
KISSIMMEE, FL 34744**Current Mailing Address:**PO BOX 450141  
KISSIMMEE, FL 34745-0141**FEI Number: NOT APPLICABLE****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**RIVERA, JORGE I  
2617 MICHIGAN AVE  
KISSIMMEE, FL 34744 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            PRESIDENT  
Name           RIVERA, JORGE I  
Address        1322 OAK GROVE CT  
City-State-Zip: KISSIMMEE FL 34744

Title            TREASURER  
Name           RODRIGUEZ, GLENDA  
Address        3510 FOREST RIDGE LN.  
City-State-Zip: KISSIMMEE FL 34741

Title            ELDER  
Name           BARCO, JOSE  
Address        1322 LESTER DR.  
City-State-Zip: KISSIMMEE FL 34741

Title            ELDER  
Name           BATISTA, CARLOS  
Address        4903 EMILEE GRACE LN  
City-State-Zip: SAINT CLOUD FL 34771

Title            VP  
Name           CZIGAN, PAUL  
Address        1556 OAK LEAF LN.  
City-State-Zip: KISSIMMEE FL 34744

Title            ASST. TREASURER  
Name           ALMODOVAR, JOSE  
Address        5540 SYCAMORE CANYON  
City-State-Zip: KISSIMMEE FL 34758

Title            SECRETARY  
Name           CRUZ, BELINDA  
Address        2324 ACADEMY CIR WEST #103  
City-State-Zip: KISSIMMEE FL 34744

Title            ELDER  
Name           DEL CARPIO, JORGE  
Address        4105 SHELTER BAY DR.  
City-State-Zip: KISSIMMEE FL 34746

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*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: GLENDA RODRIGUEZ****TREASURER****08/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	OTHER
Name	MUÑOZ, MICHELLY
Address	1719 BRIDGET'S COURT
City-State-Zip:	KISSIMMEE FL 34744