

**2018 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           GEORGE, CRUZ  
Address        2324 ACADEMY CIR  
                  #103  
City-State-Zip: KISSIMMEE FL 34744

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

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

Title            ASST. TREASURER  
Name           FLORES, ANGEL SR.  
Address        PO BOX 450141  
City-State-Zip: KISSIMMEE FL 34745-0141

Title            OTHER  
Name           NICOLE, GUEVARA  
Address        PO BOX 450141  
City-State-Zip: KISSIMMEE FL 34745-0141

Title            ELDER  
Name           MEDINA, PORFIRIO  
Address        3251 FAIRHEAVEN AVE  
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: JORGE I. RIVERA****SR. PASTOR****01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	SECRETARY
Name	COLON, MARIAM
Address	PO BOX 450141
City-State-Zip:	KISSIMMEE FL 34745-0141