

2024 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:**SALVATELLA, RUBEN
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: RUBEN SALVATELLA****02/12/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR, PRESIDENT
Name GONZALEZ GARCIA, BRUNO
Address 1348 BOULDER DR.
City-State-Zip: KISSIMMEE FL 34744

Title VP, ELDER
Name BELLO , THOMAS E
Address 1715 LEE JANZEN DR.
City-State-Zip: KISSIMMEE FL 34744

Title SECRETARY
Name CRUZ, LUZ B
Address 601 STAR MAGNOLIA DRIVE
City-State-Zip: KISSIMMEE FL 34744

Title ELDER
Name FLORES DE VALGAZ, OSCAR
Address 5593 WILLOBEND TRAIL
City-State-Zip: KISSIMMEE FL 34758

Title TREASURER, ELDER
Name SALVATELLA, RUBEN
Address 1757 RANGER HIGHLANDS RD
City-State-Zip: KISSIMMEE FL 34744

Title ELDER
Name TORRES, OSCAR
Address 1112 PROSPERITY AVE
City-State-Zip: KISSIMMEE FL 34744

Title ELDER
Name CZIGAN, PAUL
Address 1556 OAK LEAF LANE
City-State-Zip: KISSIMMEE FL 34744

Title OTHER
Name MENDEZ, IRMA
Address 3390 MORNINGSIDE DR.
City-State-Zip: KISSIMMEE FL 34744

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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: RUBEN SALVATELLA**TREASURER****02/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	OTHER
Name	BATISTA JR. , CARLOS
Address	1320 TRAILS END CT.
City-State-Zip:	SAINT CLOUD FL 34771