

2016 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: No****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 ALMODOVAR, JOSE
Address 5540 SYCAMORE CANYON
City-State-Zip: KISSIMMEE FL 34758

Title SECRETARY
Name NICOLE, GUEVARA
Address PO BOX 622263
City-State-Zip: ORLANDO FL 32862

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**PRESIDENT****01/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	OTHER
Name	GRACIA, BETSY
Address	122 ROLLINS DR
City-State-Zip:	DAVENPORT FL 33837