

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

DOCUMENT# N92000000513

**Entity Name:** IGLESIA ALIANZA CRISTIANA Y MISIONERA, INC.

**Current Principal Place of Business:**

6141 PEMBROKE RD  
HOLLYWOOD, FL 33023

**Current Mailing Address:**

6141 PEMBROKE RD  
HOLLYWOOD, FL 33023 US

**FEI Number:** 65-0401037

**Certificate of Status Desired:** No

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

POLO, GUSTAVO REV.  
7500 NW 30TH PL APT 124  
SUNRISE, FL 33313 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 PDT  
Name POLO, GUSTAVO A REV.  
Address 7500 NW 30TH PL APT 124  
City-State-Zip: SUNRISE FL 33313

Title SD  
Name HOSPINAL, NEIFITA G  
Address 10360 NW 30TH CT  
# 201  
City-State-Zip: SUNRISE FL 33322

Title TD  
Name CUBERO, ANA I  
Address 119 NE 2ND AV  
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP  
Name DE HOYOS, BENJAMIN  
Address 15731 NW 7TH STREET  
City-State-Zip: PEMBROKE PINES FL 33028

*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:** GUSTAVO POLO

**REV**

**02/16/2024**

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

\_\_\_\_\_  
Date