

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

DOCUMENT# N96000004448

**Entity Name:** IGLESIA MISIONERA CASA DE ORACION DE ORLANDO, INC.

**FILED**  
**Feb 05, 2024**  
**Secretary of State**  
**4592960923CC**

**Current Principal Place of Business:**

2655 ARPANA CT  
ORLANDO, FL 32839

**Current Mailing Address:**

P.O. BOX 593804  
ORLANDO, FL 32859

**FEI Number: 59-3430229**

**Certificate of Status Desired: No**

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

RIVERA, JOSEPH  
2655 ARPANA COURT  
ORLANDO, FL 32839 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 PD  
Name RIVERA, JOSEPH  
Address 2655 ARPANA CT  
City-State-Zip: ORLANDO FL 32839

Title DV  
Name RIVERA, KATHERINE  
Address 2655 ARPANA CT  
City-State-Zip: ORLANDO FL 32839

Title DS  
Name RIVERA, JONATHAN  
Address 2655 ARPANA CT  
City-State-Zip: ORLANDO FL 32839

Title TR  
Name RIVERA, KARLENE  
Address 2655 ARPANA CT  
City-State-Zip: ORLANDO FL 32839

*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: JOSEPH RIVERA**

**PRESIDENT / DIRECTOR 02/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date