

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000003633

**FILED**  
**Feb 27, 2019**  
**Secretary of State**  
**9609267707CC**

**Entity Name:** IGLESIA DE DIOS RESTAURANDO AL CAIDO INC

**Current Principal Place of Business:**

18228 MUNCASTER RD.  
DEWOOD, MD 20855

**Current Mailing Address:**

18228 MUNCASTER RD.  
DEWOOD, MD 20855

**FEI Number: 90-0867815**

**Certificate of Status Desired: Yes**

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

FLORES LOPEZ, LILIAN AMANDA  
112 OPAL CHAMBERS LN  
APALACHICOLA, FL 32320 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 P  
Name PONCE RIVERA, CARLOS E  
Address 18228 MUNCASTER RD.  
City-State-Zip: DEWOOD MD 20855

Title VP  
Name FLORES LOPEZ, LILIAN AMANDA  
Address 112 OPAL CHAMBERS LN  
City-State-Zip: APALACHICOLA FL 32320

Title S  
Name RAMIREZ, JOSE RAMOS  
Address 177 AVENUE G  
City-State-Zip: APALACHICOLA FL 32320

*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: PONCE RIVERA, CARLOS E**

**P**

**02/27/2019**

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

\_\_\_\_\_  
Date