

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000002167

**FILED**  
**Sep 01, 2023**  
**Secretary of State**  
**0848735163CC**

**Entity Name:** MINISTERIO APOSTOLICO JESUCRISTO ES EL SENOR,  
INCORPORATED

**Current Principal Place of Business:**

1295 TIVOLI DRIVE  
DELTONA, FL 32725

**Current Mailing Address:**

1295 TIVOLI DRIVE  
DELTONA, FL 32725 US

**FEI Number: 04-3443143**

**Certificate of Status Desired: Yes**

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

SANTOS, SUSAN J  
1295 TIVOLI DRIVE  
DELTONA, FL 32725 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           CHPR  
Name           SANTOS, REV. JOSE A  
Address        179 EXCHANGE STREET  
City-State-Zip: LAWRENCE MA 01841

Title           VP  
Name           SANTOS, SUSAN J  
Address        179 EXCHANGE ST  
City-State-Zip: LAWRENCE MA 01841

Title           SECR  
Name           AGUILA, JOANN S  
Address        461 LOWELL ST, APT 2  
City-State-Zip: METHUEN MA 01844

Title           TREA  
Name           BONAVENTURA, ELENA  
Address        195 JACKSON STREET  
City-State-Zip: METHUEN MA 01844

Title           MEMB  
Name           SANTOS, JEFTE  
Address        599 RIVER STREET, APT 2  
City-State-Zip: HAVERHILL MA 01832

Title           MBR  
Name           VEGA, CARMEN  
Address        2 BORBER STREET  
City-State-Zip: LAWRENCE MA 01843

*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: JOANN S AGUILA**

**SECRETARY**

**09/01/2023**

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

\_\_\_\_\_  
Date