

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716836

Entity Name: IGLESIA BAUTISTA GETSEMANI, INC.

Current Principal Place of Business:

5298 N.W 7TH ST.
MIAMI, FL 33126

Current Mailing Address:

5298 N.W 7TH ST.
MIAMI, FL 33126 US

FEI Number: 59-2226611

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WRIGHT, ARACELY
2950 SW 3 AVE APT 2F
MIAMI, FL 33129 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 PESCADOR, JORGE
Address 555 NW 72 AVE APT 309
City-State-Zip: MIAMI FL 33126

Title TREASURER
Name WRIGHT, ARACELY
Address 2950 SW 3 AVE APT 2F
City-State-Zip: MIAMI FL 33129

Title DIRECTOR
Name YABER, MOISES
Address 11710 SW 143 CT
City-State-Zip: MIAMI FL 33186

Title DIRECTOR
Name BRINING, GASTON
Address 9000 SW 19 ST
City-State-Zip: MIAMI FL 33165

Title DIRECTOR
Name MEDINA, JOSE ALBERTO
Address 12438 SW 220TH STREET
City-State-Zip: MIAMI FL 33170

Title DIRECTOR
Name CASTILLO, RENIEL
Address 3827 SW 58 COURT
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name SANZ, RAQUEL
Address 5740 SW 4 ST
City-State-Zip: MIAMI FL 33144

Title DIRECTOR
Name VELOZ, ALAIN
Address 5365 NW 3 ST
City-State-Zip: MIAMI FL 33126

Continues on page 2

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: ARACELY WRIGHT

**REGISTERED
AGENT/TREASURER**

01/10/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GUTIERREZ, JORGE
Address 5201 NW 7 ST APT 202 WEST
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name DELGADO, NOEL
Address 12901 SW 221 ST
City-State-Zip: MIAMI FL 33170