## 2017 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 1790 SW 16 ST MIAMI, FL 33145 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

FILED Jan 09, 2017

**Secretary of State** 

CC3806407030

Officer/Director Detail:

Title SECRETARY Title OFFICER

NameRODRÍGUEZ, MAIRELLYNameWRIGHT, ARACELYAddress2479 SW 12 ST.Address1790 SW 16 STCity-State-Zip:MIAMI FL 33135City-State-Zip:MIAMI FL 33145

Title PRESIDENT Title OFFICER

 Name
 FERNÁNDEZ, GUILLERMO
 Name
 CARBALLO, JORGE

 Address
 3930 NW 2 TR
 Address
 5830 SW 13 TR

 City-State-Zip:
 MIAMI FL 33126
 City-State-Zip: MIAMI FL 33144

Title OFFICER Title OFFICER

Name ALVAREZ, MANUEL Name GONZALEZ, DINORAH

 Address
 13950 SW 16 TR
 Address
 5830 SW 13 TR

 City-State-Zip:
 MIAMI FL 33175
 City-State-Zip: MIAMI FL 33144

Title OFFICER Title OFFICER

Name OROPESA, GRISEL Name PARADELA SR, RAMON

Address 9520 SW 8 ST APT 212 Address 6825 WEST FLAGLER ST APT 310

City-State-Zip: MIAMI FL 33174 City-State-Zip: MIAMI FL 33144

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 01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title OFFICER

Name MEDINA, JOSE A
Address 12438 SW 220 ST
City-State-Zip: MIAMI FL 33170