## 2016 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 Mar 15, 2016

**Secretary of State** 

CC1009401550

Officer/Director Detail:

Title SECRETARY Title OFFICER

Name RODRÍGUEZ, MAIRELLY Name ALFONSO, ODELFA
Address 2479 SW 12 ST. Address 101 SW 62 CT

City-State-Zip: MIAMI FL 33135 City-State-Zip: MIAMI FL 33144

Title PRESIDENT Title OFFICER

Name FERNÁNDEZ, GUILLERMO Name RODRÍGUEZ, FELIPE PASTOR

 Address
 3930 NW 2 TR
 Address
 4310 SW 2ND ST

 City-State-Zip:
 MIAMI FL 33126
 City-State-Zip: MIAMI FL 33134

Title OFFICER Title OFFICER

NameALVAREZ, MANUELNameBRINING, GASTÓNAddress13950 SW 16 TRAddress9000 SW 19 STCity-State-Zip:MIAMI FL 33175City-State-Zip:MIAMI FL 33165

Title OFFICER Title OFFICER

 Name
 FERNÁNDEZ, EURIDICE
 Name
 URIARTE, JUAN

 Address
 3930 NW 2 TR.
 Address
 3090 NW 2 ST

 City-State-Zip:
 MIAMI FL 33126
 City-State-Zip:
 MIAMI FL 33125

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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: ODELFA ALFONSO OFFICER 03/15/2016

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