

**2022 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            MEDINA, JOSE ALBERTO  
Address        12438 SW 220 ST  
City-State-Zip: MIAMI FL 33170

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

Title            DIRECTOR  
Name            LEYVA , HIRAM  
Address        6537 WEST FLAGLER ST APT 5  
City-State-Zip: MIAMI FL 33144

Title            DIRECTOR  
Name            GARAY, WILLIAM  
Address        1135 SW 35 AVE  
City-State-Zip: MIAMI FL 33135

Title            DIRECTOR  
Name            ESTEVA, RICARDO PELAYO  
Address        9520 SW 8 ST APT 212  
City-State-Zip: MIAMI FL 33174

Title            DIRECTOR  
Name            CASTILLO, RENIEL  
Address        5199 NW 7 ST APT 403  
City-State-Zip: MIAMI FL 33126

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

Title            DIRECTOR  
Name            COUCE, ARMANDO  
Address        600 NW 32 PL APT 102  
City-State-Zip: MIAMI FL 33125

**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

**TITLE** TREASURER

**01/21/2022**

\_\_\_\_\_  
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           WRIGHT, ARACELY  
Address        2950 SW 3 AVE APT 2F  
City-State-Zip: MIAMI FL 33129