

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739159

Entity Name: IGLESIA CRISTIANA FUENTE DE PODER, ASAMBLEAS DE DIOS, INC.**FILED**
Mar 18, 2014
Secretary of State
CC7805503850**Current Principal Place of Business:**521 BELVEDERE ROAD
CHURCH BUILDING
WEST PALM BEACH, FL 33405-1228**Current Mailing Address:**P.O. BOX 7004
WEST PALM BEACH, FL 33405**FEI Number: 59-2367611****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MURPHY, ADELO JR.
12477 GUILFORD WAY
WELLINGTON, FL 33414 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 PD
Name MURPHY, ADELO
Address 12477 GUILFORD WAY
City-State-Zip: WELLINGTON FL 33414Title TD
Name GARCIA, DELIA A
Address 100 PICASSO CT.
City-State-Zip: ROYAL PALM BEACH FL 33411Title O
Name ALICEA, NAIDA
Address 5730 FENLEY DR. E #41
City-State-Zip: WEST PALM BEACH FL 33415Title O
Name DUQUE, JUAN
Address 3934 VICTORIA DR.
City-State-Zip: WEST PALM BEACH FL 33406Title O
Name PRADO, MARTA
Address 1550 PEBBLE BEACH
City-State-Zip: WEST PALM BEACH FL 33413Title O
Name QUILES, LUZ
Address 1070 CAMEO CIRCLE
City-State-Zip: WEST PALM BEACH FL 33417

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: ADELO MURPHY JR.**SENIOR PASTOR****03/18/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date