

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739159

**Entity Name:** IGLESIA CRISTIANA FUENTE DE PODER, ASAMBLEAS DE DIOS, INC.

**FILED**  
**Mar 03, 2015**  
**Secretary of State**  
**CC2045190912**

**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: No**

**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 33414

Title TD  
Name GARCIA, DELIA A  
Address 100 PICASSO CT.  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title O  
Name ALICEA, NAIDA  
Address 5730 FENLEY DR. E #41  
City-State-Zip: WEST PALM BEACH FL 33415

Title O  
Name DUQUE, JUAN  
Address 3934 VICTORIA DR.  
City-State-Zip: WEST PALM BEACH FL 33406

Title O  
Name PRADO, MARTA  
Address 1550 PEBBLE BEACH  
City-State-Zip: WEST PALM BEACH FL 33413

Title 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**

**03/03/2015**

Electronic Signature of Signing Officer/Director Detail

Date