

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767338

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC8776610211**

**Entity Name:** IGLESIA EVANGELICA MENONITA ARCAS DE SALVACION, INC.

**Current Principal Place of Business:**

3629 MICHIGAN AVENUE  
FT MYERS, FL 33916

**Current Mailing Address:**

3629 MICHIGAN AVENUE  
FT MYERS, FL 33916 US

**FEI Number: 30-0049956**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MALDONADO, DAVID  
3629 MICHIGAN AVE.  
FORT MYERS, FL 33916 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 PASTOR  
Name MALDONADO, DAVID  
Address 3629 MICHIGAN AVE.  
City-State-Zip: FORT MYERS FL 33916

Title CO-PASTOR  
Name PACHECO, ARMANDO  
Address 315 ARLINGTON AV.  
City-State-Zip: FORT MYERS FL 33905

Title CO-PASTOR  
Name MALDONADO, MADELINE  
Address 3629 MICHIGAN AVE.  
City-State-Zip: FORT MYERS FL 33916

Title S  
Name MALDONADO, JOSUE G  
Address 800 FLOYD AVE. NORTH  
City-State-Zip: LEHIGH ACRES FL 33971

Title TREASURER  
Name GONZALEZ, WILMA  
Address PO BOX 51517  
City-State-Zip: FORT MYERS FL 33994

Title CO-PASTOR  
Name PACHECO, MARCELINA  
Address 315 ARLINGTON AVE  
City-State-Zip: FORT MYERS FL 33905

Title ELDER  
Name DIAZ MELOTTE, RUTH  
Address 1209 CLAYTON AVE  
City-State-Zip: LEHIGH ACRES FL 33972

Title ELDER  
Name LOPEZ, LUIS  
Address 4956 BILLY'S CREEK DR.  
City-State-Zip: FORT MYERS FL 33905

**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: WILMA GONZALEZ**

**TREASURER**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ELDER  
Name DELEON, OSVIN  
Address 157 RIVERVIEW DR.  
City-State-Zip: FORT MYERS FL 33905

Title CO-PASTOR  
Name DOMINGO, MARCIAL  
Address 4830 HUNTERSGREEN DR.  
City-State-Zip: FORT MYERS FL 33905

Title ELDER  
Name DIEGO, ANA  
Address 5401 TICE ST  
City-State-Zip: FORT MYERS FL 33905