

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 767338

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

**FILED**  
**Feb 27, 2017**  
**Secretary of State**  
**CC6787061537**

**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:**

DOMINGO, MARCIAL  
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: MARCIAL DOMINGO**

**02/27/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title ASSOCIATE PASTOR  
Name PACHECO, ARMANDO  
Address 373 MELODY COURT  
City-State-Zip: FORT MYERS FL 33916

Title SECRETARY  
Name BARAHONA, LORENA  
Address 2510 39TH ST W  
City-State-Zip: LEHIGH ACRES FL 33971

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

Title ASSOCIATE PASTOR  
Name PACHECO, MARCELINA  
Address 373 MELODY COURT  
City-State-Zip: FORT MYERS FL 33916

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

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

Title BOARD MEMBER  
Name AREVALO, ROBERTO  
Address 3914 18TH ST SW  
City-State-Zip: LEHIGH ACRES FL 33976

**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**

**02/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST. TREASURER  
Name LOPEZ SOLIS, MARIA D.  
Address 324 ROCKLEDGE ROAD  
City-State-Zip: FORT MYERS FL 33905