

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003749

**Entity Name:** MINISTERIO EVANGELICO JESUCRISTO REFUGIO ETERNO, INC.**FILED**  
**May 02, 2018**  
**Secretary of State**  
**CC1384790712****Current Principal Place of Business:**869 W. 19 ST.  
HIALEAH, FL 33010**Current Mailing Address:**550 SW 115 AVENUE  
UNIT A-7  
MIAMI, FL 33174**FEI Number: 33-1055995****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SEGOVIA, VICTOR H  
550 SW 115 AVENUE  
UNIT A-7  
MIAMI, FL 33174 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, PASTOR
Name	SEGOVIA, VICTOR H
Address	550 SW 115 AVE UNIT A7
City-State-Zip:	MIAMI FL 33174

Title	TREASURER, SECRETARY
Name	SEGOVIA, DANIELA
Address	210 WEST PARK DR. APT 201
City-State-Zip:	MIAMI FL 33172

Title	OFFICER
Name	SEGOVIA, DAVID E
Address	250 NW 107 AVENUE APT 222
City-State-Zip:	MIAMI FL 33172

Title	VP, PASTOR
Name	SEGOVIA, PAUL
Address	550 SW 115 AVE UNIT A7
City-State-Zip:	MIAMI FL 33174

Title	OFFICER
Name	MATUTE, JOSE A
Address	210 WEST PARK DR. APT 201
City-State-Zip:	MIAMI FL 33172

Title	OFFICER
Name	RODRIGUEZ, ALAIN
Address	869 W. 19 ST.
City-State-Zip:	HIALEAH FL 33010

Title	OFFICER
Name	BONILLA, JUSTO P
Address	869 W. 19 ST.
City-State-Zip:	HIALEAH FL 33010

*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: PAUL SEGOVIA****VP****05/02/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date