

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003749

Entity Name: MINISTERIO EVANGELICO JESUCRISTO REFUGIO ETERNO, INC.**FILED**
May 01, 2017
Secretary of State
CC4920544634**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 |

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

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

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

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

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|-----------------|------------------|
| 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****05/01/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date