

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03746

**Entity Name:** PRIMERA IGLESIA HISPANA ASAMBLEAS DE DIOS DE LEHIGH ACRES, INC.

**FILED**  
**Jun 10, 2024**  
**Secretary of State**  
**4123430274CC**

**Current Principal Place of Business:**

2219 JOEL BLVD  
LEHIGH ACRES, FL 33972

**Current Mailing Address:**

PO BOX 609  
LEHIGH ACRES, FL 33970 US

**FEI Number: 26-4721076**

**Certificate of Status Desired: Yes**

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

VELAZQUEZ, WILFREDO PD  
620 TARAPIN AVE  
LEHIGH ACRES, FL 33936 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 VELAZQUEZ, WILFREDO  
Address 620 TARAPIN AVE.  
City-State-Zip: LEHIGH ACRES FL 33936

Title DEACONESS  
Name TORRES, LUZ  
Address 2208 GARDENIA WAY  
City-State-Zip: LEHIGH ACRES FL 33936

Title DEACON  
Name ORTIZ, SANTIAGO  
Address 4743 DOUGLAS LANE  
City-State-Zip: LEHIGH ACRES FL 33973

Title DEACONESS  
Name RIVERA , ROSA IRIS  
Address 4743 DOUGLAS LANE  
City-State-Zip: LEHIGH ACRES FL 33973

Title DEACONESS  
Name GONZALEZ, MARIA  
Address 113 VILLAGE LAKE BLVD  
City-State-Zip: LEHIGH ACRES FL 33972

*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: WILFREDO VELAZQUEZ**

**PASTOR**

**06/10/2024**

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

\_\_\_\_\_  
Date