

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005342

**FILED**  
**May 27, 2016**  
**Secretary of State**  
**CC5458435158**

**Entity Name:** PRIMERA IGLESIA BAUTISTA FE FUNDAMENTAL - INDEPENDIENTE, - INCORPORATED

**Current Principal Place of Business:**

3361 S. JENKINS ROAD  
FT PIERCE, FL 34981

**Current Mailing Address:**

1618 MAYFLOWER RD  
FT PIERCE, FL 34950 US

**FEI Number: 74-3124985**

**Certificate of Status Desired: Yes**

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

VICENTE, CONSTANTINO  
1618 MAYFLOWER RD  
FT PIERCE, FL 34950 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 P  
Name VICENTE, CONSTANTINO  
Address 1618 MAYFLOWER RD  
City-State-Zip: FT PIERCE FL 34950

Title DEACON  
Name RAYON, GIOVANNI SR.  
Address 3361 S. JENKINS ROAD  
City-State-Zip: FORT PIERCE FL 34981

Title ASST. TREASURER  
Name ALMANZA, LUIS SR.  
Address 3361 S. JENKINS ROAD  
City-State-Zip: FORT PIERCE FL 34981

Title TRUSTEE  
Name CHAVARRIA, JAVIER SR.  
Address 3361 S. JENKINS ROAD  
City-State-Zip: FORT PIERCE FL 34981

Title SECRETARY  
Name RAYON, ELVIA E  
Address 3361 S. JENKINS ROAD  
City-State-Zip: FORT PIERCE FL 34981

*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: CONSTANTINO VICENTE**

**PASTOR**

**05/27/2016**

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

\_\_\_\_\_  
Date