Entity Name: IGLESIAS DE ALCANCE MISIONERO INC., MINISTERIO
INTERNACIONAL

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

6040 SW 23RD ST MIRAMAR, FL 33023

### **Current Mailing Address:**

DOCUMENT# N0400007307

6040 SW 23RD ST MIRAMAR, FL 33023

#### FEI Number: 03-0546075

Name and Address of Current Registered Agent:

BORGES, ADALIZ 3500 NW 176TH ST MIAMI, FL 33056 US Certificate of Status Desired: Yes

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

# **Officer/Director Detail :**

Oncendrector Detail.					
Title	PD	Title	VPD		
Name	BORGES, ADALIZ	Name	ISALES, EDWIN		
Address	3500 NW 176TH ST	Address	3500 NW 176TH ST		
City-State-Zip:	MIAMI FL 33056	City-State-Zip:	MIAMI FL 33056		
Title	D	Title	TD		
Name	ROSARIO, ANA	Name	GARAY, ISMAEL		
Address	1457 LAKE CRYSTAL TR - # G	Address	3500 NW 176TH ST		
City-State-Zip:	W PALM BEACH FL 33411	City-State-Zip:	MIAMI FL 33056		
Title	SD	Title	D		
Title Name	SD SOTO, PROVIDENCIA	Title Name	D PERALES, MICHAEL		
	-				
Name	SOTO, PROVIDENCIA P O BOX 3924	Name	PERALES, MICHAEL 8686 DERRY DR.		
Name Address	SOTO, PROVIDENCIA P O BOX 3924	Name Address	PERALES, MICHAEL 8686 DERRY DR.		
Name Address City-State-Zip:	SOTO, PROVIDENCIA P O BOX 3924 HOLLYWOOD FL 33023	Name Address City-State-Zip:	PERALES, MICHAEL 8686 DERRY DR. JACKSONVILLE FL 32244		
Name Address City-State-Zip: Title	SOTO, PROVIDENCIA P O BOX 3924 HOLLYWOOD FL 33023 DIRECTOR, PASTOR	Name Address City-State-Zip: Title	PERALES, MICHAEL 8686 DERRY DR. JACKSONVILLE FL 32244 DIRECTOR, PASTOR		
Name Address City-State-Zip: Title Name	SOTO, PROVIDENCIA P O BOX 3924 HOLLYWOOD FL 33023 DIRECTOR, PASTOR ISALES, MIGUEL	Name Address City-State-Zip: Title Name	PERALES, MICHAEL 8686 DERRY DR. JACKSONVILLE FL 32244 DIRECTOR, PASTOR RUSCALLEDA, JOSE 6175 NW 186TH ST		

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: ADALIZ BORGES

PRESIDENT

07/15/2013

Date

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Jul 15, 2013 Secretary of State CC9481604819