ereby 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 h; 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 hove, or on an attachment with all other like empowered.		
IGNATURE: EFRAIN REYES	PTE	03/16/2016

SIGNATURE: EFRAIN REYES

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : PTE Title Title т Name REYES, EFRAIN PRESIDENT Name GUZMAN, CECILIA TREASURY

Name and Address of Current Registered Agent:	
MATOS, JOSE 6705 S. U.S. HIGHWAY 1	

6705 S US HIGHWAY PORT ST LUCIE, FL 34952 US

Address

Title

l he oatl abo

Name Address

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0500000687

Entity Name: IGLESIA BAUTISTA FUENTE DE SALVACION INC.

Current Principal Place of Business:

100 CYCLONE DRIVE FORT PIERCE, FL 34945

Current Mailing Address:

100 CYCLONE DRIVE FORT PIERCE, FL 34945

FEI Number: 54-2179262

N

815 S 12TH ST

City-State-Zip: FORT PIERCE FL 34950-9211

SECRETARY

CRUZ, LEIDI SECRETARY

Electronic Signature of Registered Agent

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:

2702 DELAWARE AVE City-State-Zip: FORT PIERCE FL 34947

Address

City-State-Zip:

815 S 12TH ST

FORT PIERCE FL 34950-9211

Certificate of Status Desired: No

03/16/2016 Date

Date

FILED Mar 16, 2016 Secretary of State CC8355330340