

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000687

**FILED**  
**Feb 26, 2015**  
**Secretary of State**  
**CC2667632676**

**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

**Certificate of Status Desired:** No

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

MATOS, JOSE  
6705 S US HIGHWAY 1  
PORT ST LUCIE, FL 34952 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 PTE  
Name REYES, EFRAIN PRESIDENT  
Address 705 S 29TH ST APT 12D  
City-State-Zip: FORT PIERCE FL 34947

Title T  
Name GUZMAN, CECILIA TREASURY  
Address 705 S 29TH ST APT 12D  
City-State-Zip: FORT PIERCE FL 34947

Title SECRETARY  
Name CRUZ, LEIDI SECRETARY  
Address 2702 DELAWARE AVE  
City-State-Zip: FORT PIERCE FL 34947

*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:** EFRAIN REYES

PTE

02/26/2015

Electronic Signature of Signing Officer/Director Detail

Date