

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010952

Entity Name: CHURCH OF GOD WORLD MISSIONS HISPANIC CARIBBEAN
OFFICE, INC**FILED**
Mar 20, 2015
Secretary of State
CC7759601887**Current Principal Place of Business:**17200 NW 17TH AVE.
CUIDAD DE MIAMI GARDEN, FL 33056**Current Mailing Address:**P.O. BOX 260452
PEMBROKE PINES, FL 33026**FEI Number: 20-5686733****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RINCON, ANDRES E
2203 SW 104TH AVE.
MIRAMAR, FL 33025 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	RINCON, ANDRES E
Address	P.O. BOX 260452
City-State-Zip:	PEMBROKE PINES FL 33026

Title	D
Name	RAMOS, JOSE R
Address	P.O. BOX 260452
City-State-Zip:	PEMBROKE PINES FL 33026

Title	DT
Name	GUADALUPE, JORGE
Address	P.O. BOX 260452
City-State-Zip:	PEMBROKE PINES FL 33026

Title	VP
Name	VALDEZ, IDA N
Address	P.O. BOX 260452
City-State-Zip:	PEMBROKE PINES FL 33026

Title	D
Name	PENA, ANGEL A
Address	P.O. BOX 260452
City-State-Zip:	PEMBROKE PINES FL 33026

Title	D
Name	RINCON, WANDA E
Address	PO BOX 260452
City-State-Zip:	PEMBROKE PINES FL 33025

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: ANDRES E. RINCON**P****03/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date