

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000653

Entity Name: IGLESIA MAS QUE VENCEDORES, INC.**Current Principal Place of Business:**69 S. SEMORAN BLVD.
ORLANDO, FL 32807**Current Mailing Address:**7811 PURITAN RD
ORLANDO, FL 32807 US**FEI Number:** 20-8290717**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANCHEZ, GILBERTO
7811 PURITAN RD
ORLANDO, FL 32807 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 PRESIDENT, DIRECTOR
Name SANCHEZ, GILBERTO
Address 7811 PURITAN RD
City-State-Zip: ORLANDO FL 32807

Title VP, DIRECTOR
Name SANCHEZ, ERICA Y
Address 7811 PURITAN RD
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name ARAGON, EDWIN F
Address 5981 LEE VISTA BLVD. #203
City-State-Zip: ORLANDO FL 32822

Title DIRECTOR
Name HERNANDEZ, RAUL
Address 3139 DAYSIE MAE RD.
City-State-Zip: ORLANDO FL 32817

Title SECRETARY, DIRECTOR
Name GONZALEZ, CARLOS
Address 7615 UNIVERSITY GARDEN
City-State-Zip: WINTER PARK FL 32792

Title TREASURER, DIRECTOR
Name ARTICA, MARLENI
Address 1405 GATTIS DR. UPPER
City-State-Zip: ORLANDO FL 32825

Title DIRECTOR
Name OLIVA, JUVENTINA
Address 6201 SHENANDOAH WAY
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name ROSALES, VICTOR
Address 5410 LAKE UNDERHILL RD.
City-State-Zip: ORLANDO FL 32807

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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: GILBERTO SANCHEZ**PRESIDENT****05/01/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	TORREZ, JONATHAN
Address	5336 COMMADER DRIVE 101
City-State-Zip:	ORLANDO FL 32822