

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000000746

**Entity Name:** IGLESIA PRINCIPE DE PAZ DE PALM COAST, INC.

**Current Principal Place of Business:**

217 ST JOE PLAZA DR.  
PALM COAST, FL 32137

**Current Mailing Address:**

P.O. BOX 353168  
PALM COAST, FL 32135 US

**FEI Number: 20-8382393**

**Certificate of Status Desired: Yes**

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

LOGRONO, JENNY PASTOR  
217 ST JOE PLAZA DR.  
PALM COAST, FL 32135 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 D  
Name LOGRONO, JENNY PASTOR  
Address 217 ST. JOE PLAZA DR  
City-State-Zip: PALM COAST FL 32137

Title TREASURER  
Name POSSE, ANA M OFFICER  
Address 214 ST. JOE PLAZA DR.  
City-State-Zip: PALM COAST FL 32137

Title ASST. TREASURER  
Name ORTEGON, GLORIA A OFFICER  
Address 217 ST. JOE PLAZA DR.  
City-State-Zip: PALM COAST FL 32137

Title O  
Name TORRES, ALCIDES OFFICER  
Address 217 ST. JOE PLAZA DR.  
City-State-Zip: PALM COAST FL 32137

*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: GLORIA A. ORTEGON**

**ASST. TREASURER**

**08/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date