

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004705

Entity Name: MINISTERIOS CASA DE DIOS, INC**Current Principal Place of Business:**2697 LEAFY WAY LANE
DELTONA, FL 32725**Current Mailing Address:**2697 LEAFY WAY LANE
DELTONA, FL 32725 US**FEI Number:** 26-0219213**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**POMALES, HUMBERTO A SR.
2697 LEAFY WAY LANE
DELTONA, FL 32725 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:** REV HUMBERTO A POMALES SR

03/26/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name POMALES, REV. HUMBERTO A SR
Address 2697 LEAFY WAY LANE
City-State-Zip: DELTONA FL 32725

Title VP, TREASURER
Name PAGAN, LUIS R REV
Address 3018 BLAINE CIR.
City-State-Zip: DELTONA FL 32738

Title DIRECTOR
Name REYES, JESUS
Address 2774 GRAMERCY DR
City-State-Zip: DELTONA FL 32738

Title DIRECTOR, ASST. SECRETARY
Name NAVEDO, LILLIAM
Address 741 DROMEDAY DR.
City-State-Zip: KISSIMMEE FL 34759

Title DIRECTOR, ASST. TREASURER
Name AMOROS, HECTOR
Address 741 DROMEDAY DR.
City-State-Zip: KISSIMMEE FL 34759

Title SECRETARY, DIRECTOR
Name OQUENDO, NOEMI
Address 3018 BLAINE CIR
City-State-Zip: DELTONA FL 32738

Title DIRECTOR
Name LEBRON, ANA
Address HC 02 BOX 4529
City-State-Zip: GUAYAMA, PUERTO RICO FL 00784

Title D
Name GONZALEZ, MIRIAM YARISSA
Address 2416 INGALLS AVE
City-State-Zip: PASCAGOULE MS 39567-6718

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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: POMALES , REV. HUMBERTO A , SR

PRESIDENT

03/26/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|---------------------------|
| Title | DIRECTOR |
| Name | GRIJALVA, HECTOR DAVID |
| Address | 151 DOGWOOD AVE |
| City-State-Zip: | ORANGE CITY FL 32763-7305 |