2019 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 03/26/2019

Electronic Signature of Registered Agent

Date

FILED Mar 26, 2019

Secretary of State

9853689558CC

Officer/Director Detail:

Title **PRESIDENT** Title VP, TREASURER Name POMALES, REV. HUMBERTO A SR Name PAGAN, LUIS R REV 3018 BLAINE CIR. Address 2697 LEAFY WAY LANE Address City-State-Zip: DELTONA FL 32738 DELTONA FL 32725 City-State-Zip:

Title DIRECTOR Title DIRECTOR, ASST. SECRETARY

Name REYES, JESUS Name NAVEDO, LILLIAM

Address 2774 GRAMERCY DR Address 2839 CLIPPER COVE LANE

APT. 102

City-State-Zip: DELTONA FL 32738

City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR, ASST. TREASURER Title SECRETARY, DIRECTOR

Name AMOROS, HECTOR Name OQUENDO, NOEMI

Address 2839 CLIPPER COVE LANE

APT. 102 Address 3018 BLAINE CIR

City-State-Zip: KISSIMMEE FL 34741 City-State-Zip: DELTONA FL 32738

Title DIRECTOR Title D

Name LEBRON, ANA Name GONZALEZ, MIRIAM YARISSA

Address HC 02 BOX 4529 Address 2416 INGALLS AVE

City-State-Zip: GUAYAMA, PUERTO RICO FL 00784 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 P 03/26/2019

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