

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008641

Entity Name: IGLESIA CRISTIANA COMUNIDAD DE FE, INC.

Current Principal Place of Business:

4555 W. IRLO BRONSON MEMORIAL HGWY
KISSIMMEE, FL 34746

Current Mailing Address:

4623 CABALERRO TRAIL
KISSIMMEE, FL 34758

FEI Number: 26-0766905

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MOJICA, RAFAEL
4623 CABALERRO TRAIL
KISSIMMEE, FL 34758 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, PASTOR
Name MOJICA, RAFAEL
Address 4623 CABALERRO TRAIL
City-State-Zip: KISSIMMEE FL 34758

Title VP, PASTOR
Name MOJICA, CLARIBEL
Address 4623 CABALERRO TRAIL
City-State-Zip: KISSIMMEE FL 34758

Title T, PASTOR
Name SANTIAGO, YAZMIN I
Address 2308 CORMORANT ST.
City-State-Zip: KISSIMMEE FL 34743

Title PASTOR
Name ALGARIN, ERIC J
Address 10462 MOSS ROSE WAY
City-State-Zip: ORLANDO FL 32832

Title PASTOR
Name CACERES, BETANIA
Address 10462 MOSS ROSE WAY
City-State-Zip: ORLANDO FL 32832

Title PASTOR
Name BAEZ, RUTY
Address 13802 AMBERLEIGH RD
City-State-Zip: ORLANDO FL 32837

Title PASTOR
Name CHAPMAN, JESUS B
Address 4555 W. IRLO BRONSON MEMORIAL
HGWY
City-State-Zip: KISSIMMEE FL 34746

Title PASTOR
Name CHAPMAN, JACQUELINE
Address 4555 W. IRLO BRONSON MEMORIAL
HGWY
City-State-Zip: KISSIMMEE FL 34746

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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: RAFAEL MOJICA

PRESIDENT

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PASTOR
Name CHINEA, MARICELA
Address 4555 W. IRLO BRONSON MEMORIAL HGWY
City-State-Zip: KISSIMMEE FL 34746

Title PASTOR
Name VELASQUEZ, HECTOR W
Address 4555 W. IRLO BRONSON MEMORIAL HGWY
City-State-Zip: KISSIMMEE FL 34746

Title MANAGER
Name COTTO , JOAQUIN
Address 4555 W. IRLO BRONSON MEMORIAL HGWY
City-State-Zip: KISSIMMEE FL 34746

Title PASTOR
Name CAMACHO, ELIEZER
Address 4555 W. IRLO BRONSON MEMORIAL HGWY
City-State-Zip: KISSIMMEE FL 34746

Title PASTOR
Name LOPEZ, ABNER
Address 4555 W. IRLO BRONSON MEMORIAL HGWY
City-State-Zip: KISSIMMEE FL 34746

Title PASTOR
Name VARGAS, EDDIE
Address 4555 W. IRLO BRONSON MEMORIAL HGWY
City-State-Zip: KISSIMMEE FL 34746

Title PASTOR
Name BON, GISELLE
Address 4555 W. IRLO BRONSON MEMORIAL HGWY
City-State-Zip: KISSIMMEE FL 34746

Title DIRECTOR
Name MORALES, CESAR
Address 4555 W. IRLO BRONSON MEMORIAL HGWY
City-State-Zip: KISSIMMEE FL 34746

Title PASTOR
Name TORRES, JANNETTEE
Address 4555 W. IRLO BRONSON MEMORIAL HGWY
City-State-Zip: KISSIMMEE FL 34746

Title PASTOR
Name OLMO, YASHAIRA
Address 4555 W. IRLO BRONSON MEMORIAL HGWY
City-State-Zip: KISSIMMEE FL 34746