

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004990

Entity Name: HOLY MOVEMENT CHURCH ORLANDO INC.**Current Principal Place of Business:**3043 CURRY FORD RD.
UNIT 4
ORLANDO, FL 32806**Current Mailing Address:**PO BOX 772434
ORLANDO, FL 32877 US**FEI Number: 27-3438514****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIVERA, PETER JR.
9905 LENOX ST
CLERMONT, FL 34711 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:** PETER RIVERA JR**05/03/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR
Name RIVERA, PETER JR.
Address 9905 LENOX ST
City-State-Zip: CLERMONT FL 34711

Title DEACONESS
Name MEDINA, RITA
Address 8619 CHESHIRE WAY
City-State-Zip: ORLANDO FL 32817

Title SECRETARY
Name VILLARROEL, EVELYN
Address 7512 KEY COLONY AVE
APT 2831
City-State-Zip: WINTER PARK FL 32792

Title TREASURER
Name PLUMERY, MORGAN
Address 13249 JADE GARDEN DR
APT 201
City-State-Zip: ORLANDO FL 32824

Title DEACON
Name MATEO, CESAR
Address 10126 EASTERN LAKE AVE.
103
City-State-Zip: ORLANDO FL 32817

Title ASST. TREASURER
Name SENQUIZ, MARIXSA
Address 4142 FIREWATER CT
City-State-Zip: ORLANDO FL 32829

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: MARIXSA SENQUIZ**ASSISTANT TREASURER 05/03/2018**

Electronic Signature of Signing Officer/Director Detail

Date