

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004990

Entity Name: IGLESIA DE DIOS TOQUE DE AMOR IN ORLANDO, INC.**Current Principal Place of Business:**3043 CURRY FORD RD.
UNIT 4
ORLANDO, FL 32806**Current Mailing Address:**PO BOX 677152
ORLANDO, FL 32867**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**08/29/2017**

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	7413 MARBELLA POINTE APT 107
City-State-Zip:	ORLANDO FL 32822

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 08/29/2017**

Electronic Signature of Signing Officer/Director Detail

Date