

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010808

**Entity Name:** IGLESIA VIDA BROWARD INC

**Current Principal Place of Business:**

15491 SW 12 ST BUILDING D UNIT 407  
SUNRISE, FL 33326

**Current Mailing Address:**

502 LAKESIDE CIRCLE  
SUNRISE, FL 33326 US

**FEI Number: 27-4035046**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

AMAYA, ENRIQUE  
502 LAKESIDE CIRCLE  
SUNRISE, FL 33326 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 DP  
Name AMAYA, ENRIQUE  
Address 502 LAKESIDE CIRCLE  
City-State-Zip: SUNRISE FL 33326

Title DV  
Name TORRES, WILLIAM  
Address 370 CIRCLE RD  
City-State-Zip: DACULA GA 30011

Title DS  
Name AMAYA, ALEJANDRA  
Address 502 LAKESIDE CIRCLE  
City-State-Zip: SUNRISE FL 33326

Title DT  
Name MEMBRENO, DOUGLAS  
Address 15868 SW 139 ST  
City-State-Zip: MIAMI FL 33196

Title D  
Name CASTILLO, ALEJANDRO  
Address 160 COMMODORE DRIVE, APT. #816  
City-State-Zip: PLANTATION FL 33325

*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: ENRIQUE AMAYA**

**PRESIDENT**

**03/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date