

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009701

**Entity Name:** ALFA VIDA INTERNATIONAL MINISTRY, INC.

**Current Principal Place of Business:**

360 WILSON ROAD  
LABELLE, FL 33935

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**8396950903CC**

**Current Mailing Address:**

360 WILSON ROAD  
LABELLE, FL 33935 US

**FEI Number: 45-3608328**

**Certificate of Status Desired: No**

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

YARCE, OMAR  
360 WILSON ROAD  
LABELLE, FL 33935 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            PRESIDENT  
Name            YARCE, OMAR M.DIV  
Address        360 WILSON ROAD  
City-State-Zip: LABELLE FL 33935

Title            VP  
Name            YARCE, VIRGINIA A  
Address        360 WILSON ROAD  
City-State-Zip: LABELLE FL 33935

*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: OMAR YARCE**

**PRESIDENT**

**04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date