

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003200

**Entity Name:** IGLESIA MARANATA DE OVIEDO, INC

**Current Principal Place of Business:**

20 ACADEMY AVE  
OVIEDO, FL 32765

**Current Mailing Address:**

P.O. BOX 621870  
OVIEDO, FL 32762-1870 US

**FEI Number: 45-4891504**

**Certificate of Status Desired: Yes**

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

TORRES RIVERA, JUAN A  
4204 STONEFIELD DR  
ORLANDO, FL 32826 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  
Name TORRES-PORTALATIN, JOSE R  
Address P.O. BOX 621870  
City-State-Zip: OVIEDO FL 32762-1870

Title VP  
Name MARTINEZ-CRUZ, MARILYN  
Address P.O. BOX 621870  
City-State-Zip: OVIEDO FL 32762-1870

Title T  
Name ROBLES SANTIAGO, ERIKA  
Address 13811 TEA ROSE DR  
City-State-Zip: ORLANDO FL 32828

Title D/S  
Name SANTIAGO, MILAGROS  
Address 10538 WYNDCLIFF DR  
City-State-Zip: ORLANDO FL 32817

Title D  
Name SANTIAGO PEREZ, PEDRO A  
Address 10538 WYNDCLIFF DR  
City-State-Zip: ORLANDO FL 32817

Title D  
Name TORRES, EDGAR  
Address 14750 SWEET ACACIA DR  
City-State-Zip: ORLANDO FL 32828

*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: MILAGROS SANTIAGO**

**DIRECTOR/SECRETARY**

**01/28/2016**

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

\_\_\_\_\_  
Date