

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

DOCUMENT# N12000003761

**Entity Name:** IGLESIA BAUTISTA EBENEZER DE BELLE GLADE INC.

**Current Principal Place of Business:**

224 N.W. AVENUE G  
BELLE GLADE, FL 33430

**Current Mailing Address:**

PO BOX 2091  
BELLE GLADE, FL 33430 US

**FEI Number: 90-0838903**

**Certificate of Status Desired: Yes**

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

CASTRILLO, MARLON  
224 N.W. AVENUE G  
BELLE GLADE, FL 33430 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            PAST  
Name            CASTRILLO, MARLON  
Address        224 N.W. AVENUE G  
City-State-Zip: BELLE GLADE FL 33430

Title            DIR.  
Name            ROA, ADALBERTO  
Address        224 N.W. AVENUE G  
City-State-Zip: BELLE GLADE FL 33430

Title            TREA  
Name            RODRIGUEZ, JONATAN  
Address        224 N.W. AVENUE G  
City-State-Zip: BELLE GLADE FL 33430

Title            TREA  
Name            ALVAREZ, RODRIGO  
Address        224 N.W. AVENUE G  
City-State-Zip: BELLE GLADE FL 33430

*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: MARLON CASTRILLO**

**PASTOR**

**03/08/2016**

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

\_\_\_\_\_  
Date