

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000002272

**Entity Name:** IGLESIA EBEN-EZER FUENTE DE RESTAURACION  
ASAMBLEAS DE DIOS, INC.

**Current Principal Place of Business:**

1220 STATE ROUTE 29 S.  
LABELLE, FL 33935

**Current Mailing Address:**

8024 SHERWOOD CIR  
LABELLE, FL 33935 US

**FEI Number:** 24-5029240

**Certificate of Status Desired:** Yes

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

TORRES, AGUSTIN SR  
1220 STATE ROUTE 29 S.  
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 PASTOR  
Name TORRES, AGUSTIN  
Address 8024 SHERWOOD CIR  
City-State-Zip: LABELLE FL 33935

Title SEC  
Name TORRES, JEANETTE  
Address 8024SHERWOOD CIR  
City-State-Zip: LABELLE FL 33935

Title TREASURER  
Name SIMON, GLENN  
Address 3106 44TH. ST. W  
City-State-Zip: LEHIGH ACRES FL 33971

Title DEACON  
Name LUNAR , DEMÓSTENES  
Address 8002 SHERWOOD CIR  
City-State-Zip: LABELLE FL 33935

Title SUB- TESORERA  
Name TORRES, LATEEF DAREN  
Address 8024 SHERWOOD CIR  
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:** JEANETTE TORRES

**SEC.**

**03/15/2025**

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

\_\_\_\_\_  
Date