

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

DOCUMENT# N13000009088

**FILED**  
**Feb 22, 2015**  
**Secretary of State**  
**CC4395539123**

**Entity Name:** IGLESIA BAUTISTA MAHANAIM, INC

**Current Principal Place of Business:**

4391 NW 167TH ST  
MIAMI GARDENS, FL 33055

**Current Mailing Address:**

4391 NW 167TH ST  
MIAMI GARDENS, FL 33055

**FEI Number:** 32-0417985

**Certificate of Status Desired:** Yes

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

CORTES, JOAN MARIE  
5558 NW 193 LANE  
MIAMI GARDENS, FL 33055 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 CD  
Name CORTES, JUAN  
Address 5558 NW 193 LANE  
City-State-Zip: MIAMI GARDENS FL 33055

Title TSD  
Name CORTES, JOAN MARIE  
Address 5558 NW 193 LANE  
City-State-Zip: MIAMI GARDENS FL 33055

Title D  
Name MENDEZ, YOANNA  
Address 1725 W 60TH ST  
City-State-Zip: HIALEAH FL 33012

Title D  
Name ORTA, DULCE  
Address 4490 NW 200TH ST  
City-State-Zip: MIAMI GARDENS FL 33055

Title D  
Name COLON, AIDA  
Address 19300 NW 46TH AVE  
City-State-Zip: MIAMI GARDENS FL 33055

Title D  
Name COLON, VICTOR  
Address 19300 NW 46TH AVE  
City-State-Zip: MIAMI GARDENS FL 33055

*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:** JOAN MARIE CORTES

**TREASURER/SECRETARY** 02/22/2015

Electronic Signature of Signing Officer/Director Detail

Date