

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

DOCUMENT# N13000010800

**FILED**  
**Mar 09, 2016**  
**Secretary of State**  
**CC5823785617**

**Entity Name:** IGLESIA DE DIOS PENTECOSTAL MOVIMIENTO INTERNACIONAL INC 004

**Current Principal Place of Business:**

130 SOUTH 61 TERRACE  
HOLLYWOOD, FL 33023

**Current Mailing Address:**

12621 BALCOMBE RD  
ORLANDO, FL 32837 US

**FEI Number: 46-3967828**

**Certificate of Status Desired: Yes**

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

RINCON PARRA, LUIS E  
12621 BALCOMBE RD  
ORLANDO, FL 32837 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 VOCAL I  
Name LAUREANO, LUIS AMERICO  
Address 3908 SW 33 ST  
City-State-Zip: WEST PARK FL 33023

Title D  
Name SIDNEY, CARLOS REV  
Address 10801 S W 184TH ST.  
City-State-Zip: PERRINE FL 33157

Title SECRETARY  
Name PEREZ, IVONNE  
Address 13506 MAJESTIC WAY  
City-State-Zip: COOPER CITY FL 33330

Title PRESIDENT  
Name ORTIZ GUZMAN, ANTONIO  
Address 130 SOUTH 61 TERRACE  
City-State-Zip: HOLLYWOOD FL 33023

Title TREASURER  
Name COLLADO, EVELYN D  
Address 9460 LIVE OAK PL  
APT 205  
City-State-Zip: DAVIE FL 33324

Title ASST. SECRETARY  
Name FEBUS ENCARNACION, MARIE Y  
Address 18861 NW 22ND ST  
City-State-Zip: PEMBROKE PINES FL 33029

Title ASST. TREASURER  
Name RODRIGUEZ, MILAGROS  
Address 3735 NW 78 AVE  
City-State-Zip: DAVIE FL 33024

Title VOCAL II  
Name DE LA CRUZ VAZQUEZ , CATALINA  
Address 7850 NW 3RD ST APT 202  
City-State-Zip: PEMBROKES PINES FL 33024

**Continues on page 2**

*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: SIDNEY, CARLOS, REV**

**D**

**03/09/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           VOCAL III  
Name           MENDEZ VAZQUEZ, CALIXTO  
Address        130 S. 61 TERRACE  
City-State-Zip: HOLLYWOOD FL 33023