

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000010831

Entity Name: IGLESIA DE DIOS PENTECOSTAL MOVIMIENTO
INTERNACIONAL INC 065**FILED**
May 04, 2017
Secretary of State
CC4609787406**Current Principal Place of Business:**312 SOUTH WC OWEN AVENUE
CLEWISTON, FL 33440**Current Mailing Address:**12621 BALCOMBE RD
ORLANDO, FL 32837 US**FEI Number: 46-4094117****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**RINCON PARRA, LUIS E
126212 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	P
Name	ESCORCIA, BENJAMIN A SR
Address	313 COMMERIO STREET
City-State-Zip:	CLEWISTON FL 33440

Title	SD
Name	VALDEZ, MARIA
Address	695 TAMMY ROAD
City-State-Zip:	CLEWISTON FL 33440

Title	TD
Name	FLORES, MILBER F
Address	717 DEANE DUFF AVENUE
City-State-Zip:	CLEWISTON FL 33440

Title	VOCAL
Name	ALVARADO REYES, SOTERA
Address	650 MAGNOLIA LN
City-State-Zip:	CLEWISTON FL 33440

Title	D
Name	RUIZ, JUAN E
Address	10208 SE 24TH CT
City-State-Zip:	MIRAMAR FL 33025

Title	ASST. TREASURER
Name	CRUZ, WILLIAM H
Address	312 S. WC OWN AVE.
City-State-Zip:	CLEWISTON FL 33440

Title	ASST. SECRETARY
Name	VEGA, LAISA
Address	312 S. WC OWEN AVE.
City-State-Zip:	CLEWISTON FL 33440

Title	OTHER
Name	ESCORCIA, MARIA I
Address	313 COMMERIO ST
City-State-Zip:	CLEWISTON FL 33440

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: RUIZ JUAN E**D****05/04/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date