

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000005990

Entity Name: IGLESIA DE DIOS PENTECOSTAL MOVIMIENTO
INTERNACIONAL, INC 090**FILED**
Mar 23, 2017
Secretary of State
CC6150868338**Current Principal Place of Business:**7215 FOREST CITY RD.
ORLANDO, FL 32810**Current Mailing Address:**12621 BALCOMBE RD
ORLANDO, FL 32837 US**FEI Number: 46-4074759****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	SD
Name	TORRES, SARA L
Address	4183 PLANTATION COVE DR.
City-State-Zip:	ORLANDO FL 32810

Title	TREASURER
Name	FIGUEROA, RICARDO
Address	4838 ROBINS AVE.
City-State-Zip:	ORLANDO FL 32808

Title	ASST. SECRETARY
Name	GONZALEZ, ADA NILDA
Address	4738 ROBINSON AVE
City-State-Zip:	ORLANDO FL 32808

Title	VOCAL II
Name	GARCIA, ALCIDES
Address	7215 FOREST CITY RD
City-State-Zip:	ORLANDO FL 32810

Title	ASSISTANT TREASURER
Name	SOUFFRONT, WILLIAM
Address	144 LEGG DR
City-State-Zip:	APOPKA FL 32712

Title	D
Name	HERNANDEZ, EDWIN
Address	3505 O BERRY RD
City-State-Zip:	KISSIMMEE FL 34746

Title	VOCAL I
Name	BONET, AGUSTIN
Address	5033 FOXCROFT CT
City-State-Zip:	ORLANDO FL 32808

Title	VOCAL III
Name	DIAZ, PEDRO
Address	2504 DIANJO DR
City-State-Zip:	ORLANDO FL 32810

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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: HERNANDEZ EDWIN**D****03/23/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title PRESIDENT
Name LABOY, PABLO
Address 7215 FOREST CITY RD.
City-State-Zip: ORLANDO FL 32810

Title OTHER
Name LABOY, SONIA
Address 2714 PATRCIA CIR
City-State-Zip: KISSIMMEE FL 34746