

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008687

**Entity Name:** MOVIMIENTO PROFETICO NOB MINISTRIES (CHURCH AND COMMUNITY OURTREACH) INC

**FILED**  
**Feb 05, 2018**  
**Secretary of State**  
**CC5644259858**

**Current Principal Place of Business:**

2086 HERITAGE KEY BLVD.  
KISSIMMEE, FL 34744

**Current Mailing Address:**

2086 HERITAGE KEY BLVD  
KISSIMMEE, FL 34744 US

**FEI Number: 47-2276044**

**Certificate of Status Desired: No**

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

KINARD, RAFAEL M  
2086 HERITAGE KEY BLVD.  
KISSIMMEE, FL 34744 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, S  
Name KINARD, RAFAEL M  
Address 2086 HERITAGE KEY BLVD.  
City-State-Zip: KISSIMMEE FL 34744

Title EXE. SEC  
Name ROMAN, OMayRA  
Address 2086 HERITAGE KEY BLVD.  
City-State-Zip: KISSIMMEE FL 34744

Title T, ADM  
Name MAYSONET, RICARDO  
Address 4891 BATTAGLIA BLVD.  
City-State-Zip: SAINT CLOUD FL 34769

Title PASTOR  
Name GONZALEZ, KATIRY  
Address 4717 OLD CANOE CREEK RD  
City-State-Zip: SAINT CLOUD FL 34769

Title VO  
Name RUIZ, YELITZA  
Address 14124 QUEENSIDE ST.  
City-State-Zip: ORLANDO FL 32824

*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: RAFAEL M KINARD**

**PRESIDENT**

**02/05/2018**

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

\_\_\_\_\_  
Date