

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000011934

**FILED**  
**Mar 03, 2021**  
**Secretary of State**  
**8677268270CC**

**Entity Name:** IGLESIA BAUTISTA FE, ESPERANZA, Y AMOR

**Current Principal Place of Business:**

5447 TURKEY CREEK RD  
PLANT CITY, FL 33567

**Current Mailing Address:**

5447 TURKEY CREEK RD  
PLANT CITY, FL 33567

**FEI Number: 81-0832544**

**Certificate of Status Desired: No**

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

DOMINGUEZ, MILDRED Y  
5447 TURKEY CREEK RD  
PLANT CITY, FL 33567 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           TREASURER  
Name           ESTRADA, YOLANDA  
Address        5447 TURKEY CREEK RD  
City-State-Zip: PLANT CITY FL 33567

Title           PASTOR  
Name           DOMINGUEZ, JAVIER  
Address        5447 TURKEY CREEK RD  
City-State-Zip: PLANT CITY FL 33567

Title           TRUSTEE  
Name           CARDENAS, JORGE  
Address        5447 TURKEY CREEK RD  
City-State-Zip: PLANT CITY FL 33567

Title           ASST. TREASURER  
Name           PEREZ, NANCY P  
Address        5447 TURKEY CREEK RD  
City-State-Zip: PLANT CITY FL 33567

Title           CO-TRUSTEE  
Name           DOMINGUEZ, MILDRED Y  
Address        5447 TURKEY CREEK RD  
City-State-Zip: PLANT CITY FL 33567

Title           SECRETARY  
Name           DOMINGUEZ, MILDRED  
Address        5447 TURKEY CREEK RD  
City-State-Zip: PLANT CITY FL 33567

Title           DEACON  
Name           CARDENAS, JORGE  
Address        5447 TURKEY CREEK RD  
City-State-Zip: PLANT CITY FL 33567

*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: MILDRED DOMINGUEZ**

**REGISTER AGENT**

**03/03/2021**

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

\_\_\_\_\_  
Date