

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

DOCUMENT# N15847

**Entity Name:** IGLESIA CRISTO ROMPE LAS CADENAS DEL EVANGELIO COMPLETO, INC.

**FILED**  
**Apr 28, 2018**  
**Secretary of State**  
**CC7812038754**

**Current Principal Place of Business:**

12357 SW 132 CT.  
MIAMI, FL 33186

**Current Mailing Address:**

PO BOX 35-1657  
MIAMI, FL 33135 US

**FEI Number: 59-2693858**

**Certificate of Status Desired: No**

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

ABDO, GEORGI B  
12357 SW 132 CT.  
MIAMI, FL 33186 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 PASTOR, PRESIDENT  
Name ABDO, GEORGI B  
Address 20750 SW 246 STREET  
City-State-Zip: HOMESTEAD FL 33031

Title DIRECTOR  
Name YUPANQUI, ANDRES  
Address 2951 NW 93 STREET  
City-State-Zip: MIAMI FL 33147

Title SECRETARY, DIRECTOR  
Name ARISTIZABAL, SARAI A  
Address 12357 SW 132 CT.  
City-State-Zip: MIAMI FL 33186

Title ASST. TREASURER, DIRECTOR  
Name PONS, GLADIS  
Address 225 N.W. 32ND COURT  
City-State-Zip: MIAMI FL 33125

Title TD  
Name OTERO, OBED  
Address 7917 POWDERHORN LN.  
City-State-Zip: ORLANDO FL 32825

*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: GEORGI ABDO**

**P**

**04/28/2018**

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

\_\_\_\_\_  
Date