## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000008963

Entity Name: IGLESIA TABERNACULO DE ADORACION Y ALABANZA,

FLORIDA, INC.

**Current Principal Place of Business:** 

9620 DAVIS RD TAMPA, FL 33637

**Current Mailing Address:** 

10009 SPANISH CHERRY CT. TAMPA, FL 33647 US

FEI Number: 81-3682098 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MATEO, JOSE GUILLERMO LEON 10009 SPANISH CHERRY CT. TAMPA, FL 33647 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: JOSE GUILLERMO LEON MATEO

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title SECRETARY Name BURGOS, MILDRED Name DEGRO, LIMARYS

Address 10009 SPANISH CHERRY CT. Address 3406 MALLARD POND BLVD.

City-State-Zip: TAMPA FL 33647 City-State-Zip: ST. CLOUD FL 34772

Title Title **TREASURER** 

Name COLON, WILFREDO E. Name LEON MATEO, JOSE G.

Address 3406 MALLARD POND BLVD. Address 10009 SPANISH CHERRY CT.

City-State-Zip: TAMPA FL 33647 City-State-Zip: ST. CLOUD FL 34772

**DIRECTOR** Title Title DIRECTOR

Name PEREZ, JESUS F. Name RIVERA, ROWENA

Address #59 SECTOR VALLE ALEGRE CARR. #59 SECTOR VALLE ALEGRE CARR. Address

132 KM 22.9 132 KM 22.9

PONCE OC 00728 City-State-Zip: City-State-Zip: PONCE OC 00728

Title **DIRECTOR** Title DIRECTOR

Name RIVAS. JENNIFER Name ALVAREZ, SYLVIA M.

Address URB. CONSTANCIA CALLE PLAZUELA 4508 CALLE NATACION VILLA Address 2547

**DELICIAS** 

City-State-Zip: PONCE OC 00717 City-State-Zip: PONCE OC 00728

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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: JOSE GUILLERMO LEON MATEO

VICE PRESIDENT

03/25/2025

**FILED** Mar 25, 2025

**Secretary of State** 

7897596436CC

03/25/2025

Date

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name RIVAS, GILMA P.

Address CALLE PICAFLOR 364 CAMINO DEL SUR

City-State-Zip: PONCE OC 00716

Title DIRECTOR

Name HERNANDEZ, WALESKA Address 2419 CAMDEN OAKS PL.

City-State-Zip: VALRICO FL 33594

Title DIRECTOR

Name CLAVELL, DELMARIS

Address URB. VILLA DELICIAS CALLE

GIMNASIA 4325

City-State-Zip: PONCE OC 00728