

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000014056

Entity Name: DIOS ES FIEL MINISTRY INC.**Current Principal Place of Business:**1201 TAYLOR LANE
LEHIGH ACRES, FL 33936**Current Mailing Address:**221 DALEVIEW AVE.
LEHIGH ACRES, FL 33936**FEI Number:** 86-1270694**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ACUNA, DENIS J
221 DALEVIEW AVE.
LEHIGH ACRES, FL 33936 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
Name	ACUNA, DENIS J
Address	221 DALEVIEW AVE.
City-State-Zip:	LEHIGH ACRES FL 33936

Title	SEC
Name	ACUNA, ANA M
Address	221 DALEVIEW AVE.
City-State-Zip:	LEHIGH ACRES FL 33936

Title	D
Name	LOPEZ, CRESENCIA
Address	100 SALLY AVE. N
City-State-Zip:	LEHIGH ACRES FL 33971

Title	DIRECTOR
Name	FUENTES, ROSA MAGDALENA
Address	3518 3RD ST W
City-State-Zip:	LEHIGH ACRES FL 33971

Title	VP
Name	ACUNA, ANA M
Address	221 DALEVIEW AVE.
City-State-Zip:	LEHIGH ACRES FL 33936

Title	T
Name	TORRES, SONIA I
Address	4205 7TH ST SW.
City-State-Zip:	LEHIGH ACRES FL 33976

Title	DIRECTOR
Name	SUERO, ELIDA DOMINGA
Address	10427 STAFFORD CREEK BLVD
City-State-Zip:	LEHIGH ACRES FL 33936

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: DENIS ACUNA**PASTOR****04/03/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date