| 396 BUTTONV KISSIMMEE, I | | | 0011002 | |
|---|--|------------------------|---|------------|
| Current Ma | iling Address: | | | |
| | NWOOD DR E, FL 34743 | | | |
| FEI Number: 88-1469749 | | | Certificate of Status Desired: No | |
| Name and Address of Current Registered Agent: | | | | |
| VELARDO, WI 396 BUTTONV KISSIMMEE, F | /OOD DR | | | |
| The above name | d entity submits this statement for the purpose of changing its regi | stered office or regis | tered agent, or both, in the State of Flo | rida. |
| SIGNATURE: WILSON VELARDO | | | | |
| SIGNATUR | E: WILSON VELARDO | | | 02/18/2023 |
| SIGNATUR | E: WILSON VELARDO Electronic Signature of Registered Agent | | | |
| | | | | 02/18/2023 |
| | Electronic Signature of Registered Agent | Title | VP | 02/18/2023 |
| Officer/Dire | Electronic Signature of Registered Agent | Title Name | VP CHARNECO, EVELYN | 02/18/2023 |
| Officer/Dire Title | Electronic Signature of Registered Agent Ctor Detail : P | | | 02/18/2023 |
| Officer/Dire Title Name | Electronic Signature of Registered Agent Actor Detail : P VELARDO, WILSON 396 BUTTONWOOD DR | Name | CHARNECO, EVELYN 396 BUTTONWOOD DR | 02/18/2023 |

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: WILSON VELARDO

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

02/18/2023

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N22000002403

Entity Name: IGLESIA DE AVIVAMIENTO MANANTIAL EN EL DESIERTO INC

FILED Feb 18, 2023 **Secretary of State** 6971902001CC