

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000001615

**Entity Name:** MINISTERIO INTERNACIONAL DE PASTORES SENDA ANTIGUA INC

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**4793213186CC**

**Current Principal Place of Business:**

3040 WALKER AVE  
GREENACRES, FL 33463

**Current Mailing Address:**

3040 WALKER AVE  
GREENACRES, FL 33463 US

**FEI Number: 92-2510944**

**Certificate of Status Desired: Yes**

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

ORTIZ SALAZAR, ELSIE J  
9233 THIESS DR THIESS DR.  
HUDSON, FL 34667, FL 34667 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            PRES  
Name            BENITEZ HERRERA, ANDERSON  
Address        3040 WALKER AVE  
City-State-Zip: GREENACRES FL 33463

Title            VP  
Name            TORRES, NAOMI  
Address        1522 SE ROYAL GREEN CIR #G102  
City-State-Zip: PORT SAINT LUCIE FL 34667

Title            TREA  
Name            SAUCEDO, ELIZABETH  
Address        1160 PARKSIDE GRN APT C  
City-State-Zip: GREENACRES FL 33415

Title            TREA  
Name            ORTIZ SALAZAR, ELSIE J  
Address        9233 THIESS DR  
City-State-Zip: HUDSON FL 34667

Title            SEC  
Name            BENITEZ, EILEEN  
Address        1160 PARKSIDE GRN APT C  
City-State-Zip: GREENACRES FL 33415

*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: ELSIE J ORTIZ SALAZAR**

**TREASURER**

**04/30/2024**

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

\_\_\_\_\_  
Date