

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31124

**Entity Name:** IGLESIA BAUTISTA TORRE DE BENDICION, INC

**FILED**  
**Apr 05, 2016**  
**Secretary of State**  
**CC8411785177**

**Current Principal Place of Business:**

7400 NW SOUTH RIVER DR  
B-3  
MEDLEY, FL 33166

**Current Mailing Address:**

7400 NW SOUTH RIVER DR  
B-3  
MEDLEY, FL 33166 US

**FEI Number:** 65-0122936

**Certificate of Status Desired:** Yes

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

PINO, LAZARO  
7400 NW SOUTH RIVER DR  
B-3  
MEDLEY, FL 33166 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 T  
Name PALMA , BERTHA  
Address 7400 NW SOUTH RIVER DR  
B-3  
City-State-Zip: MEDLEY FL 33166

Title P  
Name PINO, LAZARO  
Address 7400 NW SOUTH RIVER DR  
B-3  
City-State-Zip: MEDLEY FL 33166

Title D  
Name PINEIRO, JULIAN  
Address 7400 NW SOUTH RIVER DR  
B-3  
City-State-Zip: MEDLEY FL 33166

Title S  
Name PINO, KEREN  
Address 7400 NW SOUTH RIVER DR  
B-3  
City-State-Zip: MEDLEY FL 33166

Title VP  
Name MORAN, IDALBERTO  
Address 7400 NW SOUTH RIVER DR  
B-3  
City-State-Zip: MEDLEY FL 33166

*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:** LAZARO PINO PERDOMO

**PASTOR-PRESIDENT**

**04/05/2016**

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

\_\_\_\_\_  
Date