

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36602

**Entity Name:** 2DA. IGLESIA PENTECOSTAL ARCA DE REFUGO, INC.

**Current Principal Place of Business:**

%DOMINGO DEL VALLE  
3402 MAYDELL DR.  
TAMPA, FL 33619

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC8733339835**

**Current Mailing Address:**

%DOMINGO DEL VALLE  
3402 MAYDELL DR.  
TAMPA, FL 33619 UN

**FEI Number: 59-2994582**

**Certificate of Status Desired: No**

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

DEL VALLE, DOMINGO  
3402 MAYDELL DR.  
4TH FLOOR  
TAMPA, FL 33619 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 PD  
Name DEL VALLE, DOMINGO  
Address 3402 MAYDELL DRIVE  
City-State-Zip: TAMPA FL 33603

Title SD  
Name DEL VALLE, MARIA  
Address 919 E MLK BLVD  
City-State-Zip: TAMPA 33603

Title TD  
Name BONILLA, JOSE  
Address 3908 N SUWANEE AVE  
City-State-Zip: TAMPA FL 33603

Title D  
Name RIVERA, SIXTO  
Address 1714 WISHING WELL WAY  
City-State-Zip: TAMPA FL 33603

Title D  
Name FEBO, BEATRIZ  
Address 6223 N 49 ST  
City-State-Zip: TAMPA FL 33610

*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: DOMINGO DEL VALLE**

**C.E.O.**

**04/23/2015**

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

\_\_\_\_\_  
Date