

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47344

Entity Name: IGLESIA BAUTISTA DE CARROLLWOOD, INC.**Current Principal Place of Business:**2905 SMITTER ROAD
TAMPA, FL 33618**Current Mailing Address:**2905 SMITTER ROAD
TAMPA, FL 33618 US**FEI Number:** 59-3113123**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NIEVES, ANGEL SR.
2905 SMITTER ROAD
TAMPA, FL 33618 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:** ANGEL NIEVES

06/18/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-------------------------|
| Title | TREASURER |
| Name | PEREZ, MARIA ANTONIA MS |
| Address | 15215 LIVINGSTON AVE. |
| City-State-Zip: | LUTZ FL 33559 |

| | |
|-----------------|-----------------------|
| Title | ASST. TREASURER |
| Name | RIVERA, JOSE LUIS SR. |
| Address | 2121 W PERIO ST |
| City-State-Zip: | TAMPA FL 33612 |

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|-----------------|------------------|
| Title | ASSOCIATE PASTOR |
| Name | JORDAN, AURA SR. |
| Address | 16605 MANDY LANE |
| City-State-Zip: | TAMPA FL 33618 |

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|-----------------|---------------------|
| Title | PASTOR |
| Name | JORDAN, JOSE G |
| Address | 16515 NORTHWOOD DR. |
| City-State-Zip: | TAMPA FL 33624 |

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: JOSE G. JORDAN

SENIOR PASTOR

06/18/2020

Electronic Signature of Signing Officer/Director Detail

Date