

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002303

**Entity Name:** IGLESIA CENTRO DE FE, INC.

**Current Principal Place of Business:**

29800 SW 153 CT  
LEISURE CITY, FL 33033

**Current Mailing Address:**

29800 SW 153 CT  
LEISURE CITY, FL 33033

**FEI Number:** 65-0562067

**Certificate of Status Desired:** Yes

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

TORRES, FRANCISCO  
15623 SW 297 TERRACE  
LEISURE CITY, FL 33033 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 TORRES, FRANCISCO  
Address 15623 SW 297TH TERRACE  
City-State-Zip: LEISURE CITY FL 33033

Title SD  
Name PEDRAZA, ADRIANA BALI  
Address 30505 SW 188AVE.  
City-State-Zip: HOMESTEAD FL 33030

Title TD  
Name TORRES, GLORIA  
Address 15623 SW 297 TERRACE  
City-State-Zip: LEISURE CITY FL 33033

Title D  
Name ZALDANA, AMANDO  
Address 510 NW. 4TH ST  
City-State-Zip: HOMESTEAD FL 33030

Title D  
Name EUCEDA, JOSE C  
Address 14535 SW 297 TERR  
City-State-Zip: LEISURE CITY FL 33033

*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:** FRANCISCO TORRES

PD

01/21/2020

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

\_\_\_\_\_  
Date