

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

DOCUMENT# N95000004812

**Entity Name:** IGLESIA BAUTISTA DEJESUCRISTO, INC.

**Current Principal Place of Business:**

214 N 2ND ST  
IMMOKALEE, FL 34142

**Current Mailing Address:**

P.O. BOX 3265  
IMMOKALEE, FL 34143

**FEI Number: 65-0642674**

**Certificate of Status Desired: No**

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

AVALOS, RITA  
1507 EIGHTH AVENUE  
IMMOKALEE, FL 34142 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 D  
Name AVALOS, RITA  
Address 1507 8TH AVE.  
City-State-Zip: IMMOKALEE FL 34142

Title D  
Name NEVAREZ, MARIA  
Address 2501 EDEN AVENUE  
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR  
Name ESTRADA, AMABILIA  
Address 4297 LITTLE LEAGUE CT.  
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR  
Name ANZUALDA, NORMA  
Address 1214 NEW MARKET RD W  
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR  
Name CAMPBELL, JOSE LEE  
Address 301 SOUTH EIGHTH ST  
City-State-Zip: IMMOKALEE FL 34142

*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: RITA AVALOS**

**DIRECTOR**

**03/09/2024**

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

\_\_\_\_\_  
Date