

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

DOCUMENT# N98000002864

**FILED**  
**Apr 28, 2020**  
**Secretary of State**  
**6484735211CC**

**Entity Name:** INTERNATIONAL MINISTRY CHRIST HIS POWER IN ACTION, CORP

**Current Principal Place of Business:**

4720 SE 15TH AVENUE  
UNIT 219  
CAPE CORAL, FL 33904

**Current Mailing Address:**

1322 SE 40TH STREET  
UNIT B4  
CAPE CORAL, FL 33904 US

**FEI Number: 65-0877178**

**Certificate of Status Desired: No**

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

MIRANDA, MARISOL  
1322 SE 40TH STREET  
UNIT B4  
CAPE CORAL, FL 33904 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: MARISOL MIRANDA**

**04/28/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENTE/ SENIOR PASTOR, CEO  
CHAIRMAN  
Name MIRANDA, LUCIANO SR.  
Address 1322 SE 40TH ST  
B-4  
City-State-Zip: CAPE CORAL FL 33904

Title SENIOR, VP, PASTOR  
Name HERNANDEZ, ARIEL L  
Address 230 SE 20TH CT  
City-State-Zip: CAPE CORAL FL 33990

Title VP, CEO, COO  
Name MIRANDA, MARISOL  
Address 1322 SE 40TH ST  
UNIT B4  
City-State-Zip: CAPE CORAL FL 33904

Title D, TREASURER  
Name MIRANDA, CARIDAD  
Address 156 SW 47TH TERRA  
APTO # 1  
City-State-Zip: CAPE CORAL FL 33914

Title D, CFO, OFFICER  
Name ESTENOZ, LYDIA  
Address 2508 FLAGLER AVE  
City-State-Zip: KEY WEST FL 33040

Title D/PASTOR, OFFICER  
Name SANTORO, JASON  
Address 1406 ARGYLE DR  
City-State-Zip: FT MYERS FL 33919

Title ASST. SECRETARY/PASTOR,  
OFFICER  
Name SANTORO, KIRA  
Address 1406 ARGYLE DR  
City-State-Zip: FT MYERS FL 33919

Title D, OFFICER  
Name BERGERON, EDMUNDO  
Address 6410 MADALLION DR.  
City-State-Zip: FREDERICKSBURG VA 22407

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*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: LUCIANO MIRANDA**

**PRESIDENT/SENIOR  
PASTOR**

**04/28/2020**

**Officer/Director Detail Continued :**

Title D, OFFICER  
Name WOODWARD BERGERO, SHERRI  
Address 6410 MEDALLION DR  
City-State-Zip: FREDERICKSBURG VA 22407

Title DIRECTOR, OFFICER  
Name ARTEAGA, HERNANDO  
Address 302-90 HUXLEY ST  
City-State-Zip: LONDON ONTARIO N6 J 2X8

Title D, SECRETARY  
Name HERNANDEZ, REYCA  
Address 230 SE 20TH CT  
City-State-Zip: CAPE CORAL FL 33990

Title D, OFFICER  
Name HERNANDEZ, GABRIELLE  
Address 230 SE 20TH CT  
City-State-Zip: CAPE CORAL FL 33990