

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N99000001951

**Entity Name:** ETERNAL WORD OF LIFE OF THE ASSEMBLIES OF GOD, INC.

**Current Principal Place of Business:**

6491 W 2ND AVE  
HIALEAH, FL 33012

**Current Mailing Address:**

6491 W 2ND AVE  
HIALEAH, FL 33012 US

**FEI Number:** 65-0910521

**Certificate of Status Desired:** No

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

ACOSTA, EFRAIN F  
2214 WEST 74 TERRACE  
HIALEAH, FL 33016 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 ACOSTA, EFRAIN F  
Address 2214 W. 74 TERRACE  
City-State-Zip: HIALEAH FL 33016

Title VP  
Name ACOSTA, DORCAS  
Address 2214 WEST 74 TERRACE  
City-State-Zip: HIALEAH FL 33016

Title TREASURER  
Name RODRIGUEZ, ELIEL DAVID SR.  
Address 1020 SW 4 ST  
City-State-Zip: MIAMI FL 33120

Title SECRETARY  
Name ALCANTARA, LEYSANA  
Address 12351 NW 11TH ST  
City-State-Zip: PEMBROKE PINES, FL 33026-3804

Title DEACON  
Name MOREJON, JORGE SR.  
Address 1290 W 63 ST  
City-State-Zip: HIALEAH FL 33012

Title ASST. SECRETARY  
Name MATOS, YURISLEISY  
Address 18936 NW 63RD COURT CIR  
City-State-Zip: HIALEAH FL 33015

*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:** EFRAIN ACOSTA

**PASTOR**

**09/12/2022**

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

\_\_\_\_\_  
Date