

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732698

**Entity Name:** IGLESIA BAUTISTA PENIEL DE WIMAUMA, INC.

**Current Principal Place of Business:**

5701 CAMP STREET  
WIMAUMA, FL 33598

**Current Mailing Address:**

P. O. BOX 165  
WIMAUMA, FL 33598 US

**FEI Number: 59-2476819**

**Certificate of Status Desired: No**

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

GONZALEZ, JUAN  
5708 HICKMAN STREET  
WIMAUMA, FL 33598 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 GONZALEZ, JUAN  
Address 5708 HICKMAN ST  
City-State-Zip: WIMAUMA FL 33598

Title VD  
Name GONZALEZ, ROSA A  
Address 5708 HICKMAN ST  
City-State-Zip: WIMAUMA FL 33598

Title TREASURER  
Name COLORADO, ESMERALDA  
Address 2219 TAFT ST  
City-State-Zip: WIMAUMA FL 33598

Title D  
Name RAMOS, JESUS  
Address 526 DOMINO DR S.  
City-State-Zip: RUSKIN FL 33570

Title D  
Name SANCHEZ, HUMBERTO  
Address 5123 GLENGARRY RD  
City-State-Zip: WIMAUMA FL 33598

*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: JUAN GONZALEZ**

**PASTOR**

**03/26/2017**

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

\_\_\_\_\_  
Date