

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01000003795

Entity Name: IGLESIA EVANGELICA EL TABOR DE INTERCESSION CITY, INC

FILED
Sep 16, 2016
Secretary of State
CC2461702441

Current Principal Place of Business:

5625 ORANGE AVENUE
INTERSECCION CITY, FL 33848

Current Mailing Address:

P.O. BOX 502
INTERSECCION CITY, FL 33848 US

FEI Number: 59-3732282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEL VALLE, JOSE R
1028 GRAND RESERVE DRIVE
DAVENPORT, FL 33837 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 PRESIDENT
Name RIVERA DIAZ, ELIEZER
Address P.O. BOX 502
City-State-Zip: INTERSECCION CITY FL 33848

Title VP
Name TORRES, JUAN
Address P.O. BOX 502
City-State-Zip: INTERSECCION CITY FL 33848

Title SECRETARY
Name ALICEA, CAMILLE
Address P.O. BOX 502
City-State-Zip: INTERSECCION CITY FL 33848

Title T
Name DEL VALLE, JOSE R
Address P.O. BOX 502
City-State-Zip: INTERSECCION CITY FL 33848

Title ASST. TREASURER
Name ORTIZ, ISABELO
Address PO BOX 502
City-State-Zip: INTERSECCION CITY FL 33848

Title OTHER
Name CARMONA, LUZ MARIA
Address PO BOX 502
City-State-Zip: INTERSECCION CITY FL 33848

Title OTHER
Name RODRIGUEZ, JOSE
Address PO BOX 502
City-State-Zip: INTERSECCION CITY FL 33848

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: CAMILLE ALICEA

SECRETARY

09/16/2016

Electronic Signature of Signing Officer/Director Detail

Date