

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003795

**FILED**  
**Feb 22, 2018**  
**Secretary of State**  
**CC1139831351**

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

**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           VARGAS, LUIS  
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           MUJICA, YANIRA  
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**

**02/22/2018**

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

\_\_\_\_\_  
Date