

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

DOCUMENT# N01000003795

**FILED**  
**May 07, 2020**  
**Secretary of State**  
**3904926726CC**

**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            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            DE LEON, BRENDA  
Address        PO BOX 502  
City-State-Zip: INTERCESSION CITY FL 33848

Title            OTHER  
Name            DELGADO, ELIEZER  
Address        PO BOX 502  
City-State-Zip: INTERCESSION CITY FL 33848

Title            OTHER  
Name            LOPEZ, NOEL  
Address        PO BOX 502  
City-State-Zip: INTERCESSION 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**

**05/07/2020**

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

\_\_\_\_\_  
Date