

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003795

**FILED**  
**Mar 09, 2021**  
**Secretary of State**  
**3880725518CC**

**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:**

RIVERA DIAZ, ELIEZER  
5625 ORANGE AVENUE  
INTERSECCION CITY, FL 33848 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: ELIEZER RIVERA DIAZ**

**03/09/2021**

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           RODRIGUEZ, SANDRA  
Address        PO BOX 502  
City-State-Zip: INTERSECCION CITY FL 33848

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

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

Title           OTHER  
Name           SOTO, EDUARDO  
Address        P.O. 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**

**03/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date