

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007845

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC9776435242**

**Entity Name:** COMUNIDAD FAMILIAR TABERNACULO DE ADORACION, INC.

**Current Principal Place of Business:**

403 GREEN ACRES RD  
FT. WALTON BEACH FL 32547

**Current Mailing Address:**

1681 BENNETS END  
FT. WALTON BEACH FL 32547

**FEI Number: 20-5254265**

**Certificate of Status Desired: No**

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

LUZ SUAREZ  
1681 BENNETS END  
FT. WALTON BEACH FL 32547 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 P  
Name DOMINGUEZ, SAMUEL  
Address 1996 SALAMANCA STREET  
City-State-Zip: NAVARRE FL 32566

Title VP  
Name SANCHEZ, JUAN L  
Address 1681 BENNETTS END  
City-State-Zip: FT, WALTON BEACH FL 32547

Title T  
Name PADILLA, PATRICIA TR  
Address 23 D WRIGHT PKWY  
City-State-Zip: FT WALTON BEACH FL 32548

Title S  
Name SUAREZ, LIGEN N  
Address 1996 SALAMANCA ST  
City-State-Zip: NAVARRE FL 32566

Title BD  
Name SUAREZ, LUZ  
Address 1681 BENNETTS END  
City-State-Zip: FT WALTON BEACH FL 32547

*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: LUZ N SUAREZ**

**BD**

**02/23/2015**

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

\_\_\_\_\_  
Date