

2013 FLORIDA NON PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009003

Entity Name: IGLESIA DE DIOS AMOR Y MISERICORDIA INC.**FILED**
Mar 15, 2013
Secretary of State**Current Principal Place of Business:**7540 103 RD ST COMMERCIAL PARK
117
JACKSONVILLE, FL 32210**Current Mailing Address:**7540 103 RD ST COMMERCIAL PARK
117
JACKSONVILLE, FL 32210**FEI Number: 26-3429056****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TORRES, ANGEL TREV
7540 103 RD ST COMMERCIAL PARK
117
JACKSONVILLE, FL 32210 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 Detail :**

Title	P
Name	TORRES, ANGEL T
Address	7540 103 RD ST COMMERCIAL PARK SUITE 117
City-State-Zip:	JACKSONVILLE FL 32210

Title	SEC
Name	CANCEL, CAROLINE
Address	7540 103 RD ST COMMERCIAL PARK SUITE 117
City-State-Zip:	JACKSONVILLE FL 32210

Title	BM
Name	REINOSA, LUIS
Address	7540 103 RD ST COMMERCIAL PARK SUITE 117
City-State-Zip:	JACKSONVILLE FL 32210

Title	BM
Name	TORRES, ISAAC
Address	7540 103 RD ST COMMERCIAL PARK SUITE 117
City-State-Zip:	JACKSONVILLE FL 32210

Title	BM
Name	CANCEL, RICHARD
Address	7540 103 RD ST COMMERCIAL PARK SUITE
City-State-Zip:	JACKSONVILLE FL 32210

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: ANGEL TOMAS TORRES**PRESIDENT****03/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date