

**2013 FLORIDA NON PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009003

**FILED**  
**Mar 15, 2013**  
**Secretary of State**

**Entity Name:** IGLESIA DE DIOS AMOR Y MISERICORDIA INC.

**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