

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# N08000009003

Entity Name: IGLESIA DE DIOS AMOR Y MISERICORDIA INC.

Current Principal Place of Business:

7540 103 RD ST COMMERCIAL PARK
117
JACKSONVILLE, FL 32210 UN

New Principal Place of Business:

Current Mailing Address:

7540 103 RD ST COMMERCIAL PARK
117
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 26-3429056 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, ANGEL T REV
7540 103 RD ST COMMERCIAL PARK
117
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

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

Title: BM
Name: CANCEL, RICHARD
Address: 7540 103 RD ST COMMERCIAL PARK SUITE
City-St-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

P

04/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date