

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007365

**Entity Name:** IGLESIA CRISTO REY DE REYES, INC. \*\*\*\*\*SEE  
NOTE\*\*\*\*\***FILED**  
**Mar 01, 2023**  
**Secretary of State**  
**0890025083CC****Current Principal Place of Business:**1102 N. FLAGLER AVENUE  
HOMESTEAD, FL 33030**Current Mailing Address:**1102 N. FLAGLER AVENUE  
HOMESTEAD, FL 33030**FEI Number: 13-4286676****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MARTINEZ, MARLON R SR.  
1102 N. FLAGLER AVENUE  
HOMESTEAD, FL 33030 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: MARLON R MARTINEZ SR****03/01/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DP
Name	MARTINEZ, MARLON R SR.
Address	1102 N.FLAGLER AVENUE
City-State-Zip:	HOMESTEAD FL 33030

Title	TREASURER
Name	MANUEL, VILLAFANE
Address	1102 N. FLAGLER AVENUE
City-State-Zip:	HOMESTEAD FL 33030

Title	DIRECTOR
Name	ANGELO, AMENDOLA SR.
Address	1102 N. FLAGLER AVENUE
City-State-Zip:	HOMESTEAD FL 33030

Title	SECRETARY
Name	MACHADO, DAVIS CRISTINA MRS.
Address	1102 N. FLAGLER AVENUE
City-State-Zip:	HOMESTEAD FL 33030

Title	VICE-PRESIDENTE
Name	SUAZO, MARIO
Address	1102 N. FLAGLER AVENUE
City-State-Zip:	HOMESTEAD FL 33030

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: MARLON MARTINEZ SR****PRES****03/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date