

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012339

Entity Name: IGLESIAS DE CRISTO CORP**Current Principal Place of Business:**1450 SKIPPER RD.
TAMPA, FL 33613**Current Mailing Address:**243 SUN VALLEY
TAMPA, FL 33613 US**FEI Number:** 27-0135516**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CADENAS, MARGARITA
243 SUN VALLEY
TAMPA, FL 33613 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	CADENAS, MARGARITA
Address	243 SUN VALLEY
City-State-Zip:	TAMPA FL 33613

Title	DIR.
Name	RIVERA FIGUEROA, JUAN
Address	PO BOX 50
City-State-Zip:	COMERIO PR 00782

Title	DIR.
Name	FLORES, ALMA DELIA
Address	COLONIA MOZIMBA
City-State-Zip:	ACAPULCO GR

Title	DIR
Name	SUASTIGUI, IGNACIO
Address	COLONIA PROGRESO
City-State-Zip:	ACAPULCO GR

Title	DIR
Name	DE JESUS, FILOMENO
Address	COLONIA PRADERA
City-State-Zip:	ACAPULCO GR

Title	DIR
Name	JIMENEZ, MATILDE
Address	COLONIA FUERZA AEREA
City-State-Zip:	ACAPULCO GR

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: MARGARITA CADENAS**PRESIDENT****09/06/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date