

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008600

**FILED**  
**Jun 07, 2015**  
**Secretary of State**  
**CC3065560316**

**Entity Name:** REY DE REYES CHRISTIAN CHURCH INC.

**Current Principal Place of Business:**

1725 S.VOLUSIA OR HWY 17-92  
ORANGE CITY, FL 32763

**Current Mailing Address:**

765 JAMESON DR  
ORANGE CITY, FL 32763

**FEI Number: 32-0320701**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SHEPPARD, RHODE PASTOR  
765 JAMESON DRIVE  
ORANGE CITY, FL 32763 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 D  
Name SHEPPARD, RHODE PASTOR  
Address 765 JAMESSON DRIVE  
City-State-Zip: ORANGE CITY FL 32763

Title D  
Name ROSENDO, VICTOR  
Address 1055 SULLIVAN ST  
City-State-Zip: DELTONA FL 32725

Title D  
Name ROSENDO, LUZ  
Address 1055 SULLIVAN ST  
City-State-Zip: DELTONA FL 32725

Title D  
Name HERNANDEZ, MARGARITA  
Address 1576 BRAMORDUNES APT C  
City-State-Zip: ORANGE CITY FL 32763

Title D  
Name CASTILLO, IRIS M  
Address 829 UPPERCASE RD APT 106 BLDG  
11  
City-State-Zip: ORANGE CITY FL 32763

Title D  
Name ALICEA, ANDREA  
Address 1345 AZORA STREET  
City-State-Zip: DELTONA FL 32725

*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: RHODE SHEPPARD**

**PASTOR**

**06/07/2015**

Electronic Signature of Signing Officer/Director Detail

Date