

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004268

Entity Name: IGLESIA CRISTIANA RESURRECCION, INC.**Current Principal Place of Business:**537 ARCH RIDGE LOOP
SEFFNER, FL 33584**Current Mailing Address:**POST OFFICE BOX 6463
SEFFNER, FL 33583**FEI Number:** 45-5530311**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALVARADO, SAMUEL
537 ARCH RIDGE LOOP
SEFFNER, FL 33584 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	PD
Name	ALVARADO, SAMUEL
Address	537 ARCH RIDGE LOOP
City-State-Zip:	SEFFNER FL 33584

Title	SD
Name	DIAZ, WILDA L
Address	8013 DREHER PARK LN APT 103 APT. 103
City-State-Zip:	TAMPA FL 33610

Title	D
Name	DIAZ, CARLOS D
Address	8013 DREHER PARK LN APT. 103 APT. 103
City-State-Zip:	TAMPA FL 33610

Title	VD
Name	DAVILA, AWILDA
Address	537 ARCH RIDGE LOOP
City-State-Zip:	SEFFNER FL 33584

Title	TD
Name	ALVARADO, WILMARY
Address	5701 SATINWOOD WAY
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	D
Name	QUINONES, RICARDO J
Address	5701 SATINWOOD WAY
City-State-Zip:	TEMPLE TERRACE FL 33637

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: SAMUEL ALVARADO

PD

03/13/2013

Electronic Signature of Signing Officer/Director Detail_____
Date