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: LIONEL GALO

L

City-State-Zip: JACKSONVILLE FL 32246

Electronic Signature of Signing Officer/Director Detail

## Ρ

City-State-Zip: JACKSONVILLE FL 32216

### 04/12/2022

	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	E LIONEL GALO		04/12/202		
	Electronic Signature of Registered Agent		Date		
Officer/Dire	ctor Detail :				
Title	PRESIDENT	Title	SECRETARY		
Name	GALO, LIONEL	Name	ALVARADO, MARIA OBERLINDA		
Address	2102 SUNRISE DR	Address	415 SPRING FOREST AVE		
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32216		
Title	VP	Title	SECRETARY		
Name	GALO, MARLENY	Name	MADRID, OSCAR RENE		
Address	2102 SUNRISE DR	Address	415 SPRING FOREST AVE		

## FEI Number: 47-2260060

GALO, LIONEL

## **Current Mailing Address:**

SUITE 3AB AND 4A JACKSONVILLE, FL 32217 US

# Name and Address of Current Registered Agent:

JACKSONVILLE, FL 32217

# DOCUMENT# N14000011024

# Entity Name: IGLESIA FRATERNIDAD CRISTIANA OF JACKSONVILLE INC.

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

6320 ST AUGUSTINE ROAD SUITE 3AB AND 4A

6320 ST AUGUSTINE ROAD

Apr 12, 2022 Secretary of State 9336340676CC

FILED

Certificate of Status Desired: No