

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006042

Entity Name: IGLESIA EVANGELICA LUTERANA CRISTO REY INC.

Current Principal Place of Business:

12601 BALCOMBE RD
ORLANDO, FL 32837

Current Mailing Address:

PO BOX 590464
ORLANDO, FL 32859

FEI Number: 59-3602424

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVERA, LINDA C
365 ROSSELLI BLVD.
DAVENPORT, FL 33896 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 PRESIDENT
Name VAZQUEZ, FRANCISCO J
Address 12601 BALCOMBE RD
City-State-Zip: ORLANDO FL 32837

Title VP
Name DIAZ, ARNALDO
Address 12601 BALCOMBE RD
City-State-Zip: ORLANDO FL 32837

Title SECRETARY
Name RIVERA, LINDA C
Address 12601 BALCOMBE RD
City-State-Zip: ORLANDO FL 32837

Title TREASURER
Name MORALES, TERESA
Address PO BOX 590464
City-State-Zip: ORLANDO FL 32859

Title PASTOR
Name CRUZ-MARTINEZ, GEORGE REV. DR.
Address PO BOX 590464
City-State-Zip: ORLANDO FL 32859

Title ASST. TREASURER
Name CLIVILLES, HUGO F
Address 12601 BALCOMBE RD
City-State-Zip: ORLANDO FL 32837

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: LINDA C RIVERA

SECRETARY

01/24/2014

Electronic Signature of Signing Officer/Director Detail

Date