

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006959

**FILED**  
**Feb 01, 2016**  
**Secretary of State**  
**CC5828629027**

**Entity Name:** IGLESIA CRISTO ES LA VICTORIA, INC.

**Current Principal Place of Business:**

2205 N. FORSYTH RD.  
STE G  
ORLANDO, FL 32807

**Current Mailing Address:**

PO BOX 677863  
ORLANDO, FL 32867

**FEI Number: 36-4196406**

**Certificate of Status Desired: Yes**

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

ALVAREZ, JUAN  
7926 RICHWOOD DR  
ORLANDO, FL 32825 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            ALVAREZ, RUTH N  
Address        7926 RICHWOOD DR  
City-State-Zip: ORLANDO FL 32825

Title            TREASURER  
Name            LABRADOR, WILFREDO  
Address        530 AUBURN AVENUE  
City-State-Zip: ALTAMONTE, SPRING FL 32714

Title            SECRETARY  
Name            DIAZ, MARTA I  
Address        13225 EARLY FROST CIRCLE  
City-State-Zip: ORLANDO FL 32828

Title            D  
Name            FIGUEROA, ROSABEL  
Address        751 POND PINE CT  
City-State-Zip: ORLANDO FL 32825

Title            D  
Name            FIGUEROA, ISSAC  
Address        751 POND PINE CT.  
City-State-Zip: ORLANDO FL 32825

Title            VP  
Name            ALVAREZ, ELIUD  
Address        8629 OTTER CREEK CT.  
City-State-Zip: ORLANDO FL 32829

Title            DIRECTOR  
Name            ALVAREZ, JUAN  
Address        7926 RICHWOOD DR.  
City-State-Zip: ORLANDO FL 32825

*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: MARTA I DIAZ**

**SECRETARY**

**02/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date