

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005136

Entity Name: NICARAGUAN CHRISTIAN RELIEF MINISTRIES, INC.

Current Principal Place of Business:

4001 N. MORRISON AVE.
TAMPA, FL 33629

Current Mailing Address:

4001 N. MORRISON AVE.
TAMPA, FL 33629

FEI Number: 59-3480020

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEFFRIES, DAVID M
1227 N FRANKLIN STREET
TAMPA, FL 33602 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 VALLE-PETERS, AMANDA
Address 4001 W. MORRISON AVE.
City-State-Zip: TAMPA FL 33629

Title D
Name CASTILLO, CECILIA
Address 4801 CULBREATH ISLES RD
City-State-Zip: TAMPA FL 33629

Title D
Name JEFFRIES, DAVID M
Address 1227 N FRANKLIN STREET
City-State-Zip: TAMPA FL 33602

Title D
Name MILLER, ASHLEY
Address 3608 W CORONA STREET
City-State-Zip: TAMPA FL 33629

Title SD
Name ACOSTA, JOLYON
Address 1907 W BRISTOL AVE
City-State-Zip: TAMPA FL 33606

Title TD
Name ACOSTA, CHRISTINE
Address 1907 W BRISTOL AVE
City-State-Zip: TAMPA FL 33606

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: AMANDA VALLE-PETERS

PD

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date