2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2016
Secretary of State
CC7853388764

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

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

Title	DIRECTOR
Name	HEILIG, MARQUIS
Address	201 N. FRANKLIN STREET SUITE 1600
City-State-Zip:	TAMPA FL 33602

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

Title	DIRECTOR
Name	PLAZEWSKI, LEN FATHER
Address	821 S. DALE MABRY
City-State-Zip:	TAMPA FL 33609

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 PRESIDENT 04/12/2016

Electronic Signature of Signing Officer/Director Detail — Date