

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702155

**Entity Name:** CENTRAL CHRISTIAN CHURCH OF DADE COUNTY,  
FLORIDA,INC.

**FILED**  
**Jan 09, 2024**  
**Secretary of State**  
**1873575224CC**

**Current Principal Place of Business:**

222 MENORES AVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

222 MENORES AVE  
CORAL GABLES, FL 33134 US

**FEI Number: 59-1612313**

**Certificate of Status Desired: No**

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

HARRIS, GARY GEORGE  
215 MENDOZA AVE.  
CORAL GABLES, FL 33134 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: GARY G. HARRIS**

**01/09/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LOPEZ, ADRIANA  
Address        4760 SW 6TH STREET  
City-State-Zip: MIAMI FL 33134

Title           P, PRESIDENT  
Name           CAYCEDO, CLARA  
Address        23785 SW 217TH AVENUE  
City-State-Zip: HOMESTEAD FL 33031

Title           2ND VP  
Name           ORTIZ, JUANITA  
Address        2140 SW 3RD AVE.  
                  APT. 5-F  
City-State-Zip: MIAMI FL 33129

Title           PARLIAMENTARIAN  
Name           HARRIS, GARY GEORGE  
Address        215 MENDOZA AVE.  
                  EFFICIENCY  
City-State-Zip: CORAL GABLES FL 33134

Title           1ST VP  
Name           DUQUE, NOEL  
Address        4760 SW 6TH STREET  
City-State-Zip: MIAMI FL 33134

Title           FINANCIAL SECRETARY  
Name           CARTAGENA, CINDY ENID  
Address        1503 SALZEDO ST.  
City-State-Zip: MIAMI FL 33134

Title           SECRETARY  
Name           VARGAS, JUAN CARLOS  
Address        5629 SW 7TH ST.  
City-State-Zip: MIAMI FL 33134

*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: CLARA CAYCEDO**

**PRESIDENT**

**01/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date