

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747375

Entity Name: MIZPA CHRISTIAN UNIVERSITY, INC.**Current Principal Place of Business:**4940 HOFFNER AVENUE
ORLANDO, FL 32812**Current Mailing Address:**P.O. BOX. 721977
ORLANDO, FL 32872 US**FEI Number:** 38-3776280**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALBIZU, ANNERIS DR.
1906 STILLWOOD WAY
ST. CLOUD,, FL 34771 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:** ANNERIS ALBIZU

04/04/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	KEYLA , ORTIZ
Address	5800 ATLANTA STREET
City-State-Zip:	HOLLYWOOD FL 33021

Title	MEMBER
Name	PABON, WILMER
Address	33343 IRONGATE DR.
City-State-Zip:	LEESBURG FL 34788

Title	TREASURER
Name	LESLIE, COLON
Address	14103 MIDSWEET LANE APT. #306
City-State-Zip:	WINTER GARDEN FL 34787

Title	PRESIDENT
Name	ALBIZU, ANNERIS DR.
Address	1906 STILLWOOD WAY
City-State-Zip:	ST. CLOUD FL 34771

Title	MEMBER
Name	YOLANDA, ISLAND
Address	1211 STONEHAM DRIVE
City-State-Zip:	GROVELAND FL 34736

Title	MEMBER
Name	JOSE , RUIZ VICTOR JR.
Address	6774 ARNOLDSON STREET
City-State-Zip:	ORLANDO FL 32827

Title	SECRETARY
Name	FLECHA, IRIS M
Address	16049 OLD ASH LOOP
City-State-Zip:	ORLANDO FL 32828

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: IRIS M FLECHADEAN OF
ADMINISTRATION

04/04/2023

Electronic Signature of Signing Officer/Director Detail

Date