

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006648

Entity Name: SANTO NINO DEVOTION OF PALM BEACH COUNTY, INC.**Current Principal Place of Business:**1224 PINE SAGE
WEST PALM BEACH, FL 33409**Current Mailing Address:**1224 PINE SAGE
WEST PALM BEACH, FL 33409**FEI Number:** 65-1110169**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSSOW, GERALD ZESQ
4400 PGA BOULEVARD
SUITE 900
PALM BEACH GARDENS, FL 33410 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	SOQUENA, ELVA
Address	1224 PINE SAGE
City-State-Zip:	WEST PALM BEACH FL 33409

Title	VPD
Name	LOPEZ, OPHELIA
Address	5208 FOX TRACE
City-State-Zip:	W. PALM BCH FL 33417

Title	SD
Name	LANDER, ALMA
Address	11809 GREENBRIAR CIRCLE
City-State-Zip:	WELLINGTON FL 33414

Title	TD
Name	DE GUZMAN, LEONORA T
Address	3365 EIFFEL DRIVE
City-State-Zip:	WEST PALM BEACH FL 33417

Title	D
Name	OTTERMAN, BETTY
Address	12563 PINEACRE LANE
City-State-Zip:	WELLINGTON FL 33414

Title	D
Name	GUARDIARIO, JOSE
Address	5294 FOX TRACE
City-State-Zip:	W. PALM BCH FL 33417

Title	DIRECTOR
Name	SABUSAP, ARSENIA P
Address	4105 TORRES CIRCLE
City-State-Zip:	WEST PALM BEACH FL 33409

Title	DIRECTOR
Name	VILLANUEVA, ERIC
Address	1034 ASPRI WAY
City-State-Zip:	PALM BEACH GARDENS FL 33418

Continues on page 2

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: LEONORA T. DEGUZMAN

TD

03/25/2014

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	OFFICER
Name	RODA, CESAR
Address	9896 WOODWORTH CT
City-State-Zip:	WELLINGTON FL 33414