

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009041

**Entity Name:** APOSENTO CRISTIANO PARA LAS NACIONES INC.**Current Principal Place of Business:**6510 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34653**Current Mailing Address:**PO BOX 706  
ODESSA, FL 33556 US**FEI Number:** 65-1207140**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MEDINA, EDDIE J  
3613 FYFIELD CT  
LAND O LAKES, FL 34638 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            PRESIDENT  
Name            MEDINA, EDDIE J PHD  
Address        3613 FYFIELD CT  
City-State-Zip: LAND O LAKES FL 34638

Title            VP  
Name            PEREZ, IVONNE  
Address        3613 FYFIELD CT  
City-State-Zip: LAND O LAKES FL 34638

Title            TREASURER  
Name            QUINTANA, LUIS M  
Address        6110 CHESHAM DR.  
                  UNIT 5  
City-State-Zip: NEW PORT RICHEY FL 34653

Title            SECRETARY  
Name            CRESPO, ROSA  
Address        71 CALLE AZUCENA,  
                  COMUNIDAD LAS FLORES  
City-State-Zip: AGUADA PR 00602

Title            DIRECTOR  
Name            SALAS, ROBERTO  
Address        BO. CAIMITLA ALTO CARR # 2 KM  
                  123.0 INT.  
City-State-Zip: AGUADILLA PR 00603

Title            DIRECTOR  
Name            ACEVEDO, MARTA  
Address        CALLE C 322 PARCELA NUEVA,  
                  SABANA HOYOS  
City-State-Zip: ARECIBO PR 00688

Title            VOCAL  
Name            SOTO, MARITZA  
Address        10276 FOX TRAIL ROAD S.  
                  APT. #107  
City-State-Zip: WEST PALM BEACH FL 33411

*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:** IVONNE E PEREZ

VP

03/23/2021

Electronic Signature of Signing Officer/Director Detail

Date