

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010817

**Entity Name:** CENTRO CRISTIANO SHALOM - ASAMBLEAS DE DIOS - DAVENPORT, FLORIDA, INC.

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC9199789208**

**Current Principal Place of Business:**

800 NORTH BLVD W  
DAVENPORT, FL 33837

**Current Mailing Address:**

PO BOX 2889  
DAVENPORT, FL 33836

**FEI Number: 14-1885017**

**Certificate of Status Desired: No**

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

CABA, ABIUD REV  
108 PINE BARK WAY  
KISSIMMEE, FL 34758 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	Title	SEC
Name	CABA, ABIUD REV	Name	DE LEON, BRENDA
Address	108 PINE BARK WAY	Address	PO BOX 2889
City-State-Zip:	KISSIMMEE FL 34758	City-State-Zip:	DAVENPORT FL 33836

Title           TES  
Name           DELGADO, RAMON JR  
Address       PO BOX 2889  
City-State-Zip: DAVENPORT FL 33836

*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: BRENDA DE LEON

SECRETARY

01/06/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date