

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004867

Entity Name: IGLESIA DE CRISTO SENDERO DE ESPERANZA, CORP

Current Principal Place of Business:

507 SUNSHINE BLVD N
LEHIGH ACRES, FL 33971

Current Mailing Address:

507 SUNSHINE BLVD N
LEHIGH ACRES, FL 33971 US

FEI Number: 20-1673485

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LICARDIE, CAMILO A
3324 10 TH W
LEHIGH ACRES, FL 33971 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 SECRETARY
Name LICARDIE, MAGDA M
Address 3324 10 TH W
City-State-Zip: LEHIGH ACRES FL 33971

Title TREASURER
Name LOPEZ, ALEJANDRO
Address 300 LEONARD BLVD N
City-State-Zip: LEHIGH ACRES FL 33971

Title D
Name LICARDIE, CAMILO A
Address 3324 10 TH W
City-State-Zip: LEHIGH ACRES FL 33971

Title D
Name FLERURI, JAZMIN E
Address 4501 LEE BLVD
City-State-Zip: LEHIGH ACRES FL 33971

Title D
Name SIERRA, RAFAEL
Address 3005 HIGHTOWER AVE S
City-State-Zip: LEHIGH ACRES FL 33973

Title PRESIDENT
Name LICARDIE, SANNDY GABRIELA
Address 3324 10 ST W.
City-State-Zip: LEHIGH ACRES FL 33971

Title DIRECTOR
Name DE JESUS, VIRIDIANA A
Address 3302 41TH ST. SW
City-State-Zip: LEHIGH ACRES FL 33976

Title VICE PRESIDENT
Name LICARDIE , CAMILO ALFREDO
Address 3324 10TH ST W
City-State-Zip: LEHIGH ACRES FL 33971

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: SANNDY GABRIELA LICARDIE

PRESIDENT

05/01/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MORALES, VICTOR
Address 4501 LEE BLVD
City-State-Zip: LEHIGH ACRES FL 33971