

**2023 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

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*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**

**04/27/2023**

\_\_\_\_\_  
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