DOCUMENT# N04000004867	

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

## Name and Address of Current Registered Agent:

LICARDIE, CAMILO A 3324 10 TH W LEHIGH ACRES, FL 33971 US Certificate of Status Desired: No

FILED

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

## **Officer/Director Detail :**

••••			
Title	SECRETARY	Title	TREASURER
Name	LICARDIE, MAGDA M	Name	LOPEZ, ALEJANDRO
Address	3324 10 TH W	Address	300 LEONARD BLVD N
City-State-Zip:	LEHIGH ACRES FL 33971	City-State-Zip:	LEHIGH ACRES FL 33971
Title	D	Title	D
Name	LICARDIE, CAMILO A	Name	FLERURI, JAZMIN E
Address	3324 10 TH W	Address	3700 METRO PKWY., APT 1526
City-State-Zip:	LEHIGH ACRES FL 33971	City-State-Zip:	FORT MYERS FL 33916
Title	D	Title	PRESIDENT
Title Name	D SIERRA, RAFAEL	Title Name	PRESIDENT LICARDIE, SANNDY GABRIELA
	-		-
Name	SIERRA, RAFAEL 1560 8TH ST	Name	LICARDIE, SANNDY GABRIELA
Name Address City-State-Zip:	SIERRA, RAFAEL 1560 8TH ST NAPLES FL 33420	Name Address	LICARDIE, SANNDY GABRIELA 3324 10 ST W.
Name Address City-State-Zip: Title	SIERRA, RAFAEL 1560 8TH ST NAPLES FL 33420 DIRECTOR	Name Address City-State-Zip:	LICARDIE, SANNDY GABRIELA 3324 10 ST W. LEHIGH ACRES FL 33971
Name Address City-State-Zip: Title Name	SIERRA, RAFAEL 1560 8TH ST NAPLES FL 33420 DIRECTOR VASQUEZ, EDWIN	Name Address City-State-Zip: Title	LICARDIE, SANNDY GABRIELA 3324 10 ST W. LEHIGH ACRES FL 33971 DIRECTOR
Name Address City-State-Zip: Title Name Address	SIERRA, RAFAEL 1560 8TH ST NAPLES FL 33420 DIRECTOR	Name Address City-State-Zip: Title Name	LICARDIE, SANNDY GABRIELA 3324 10 ST W. LEHIGH ACRES FL 33971 DIRECTOR DE JESUS, VIRIDIANA A

## 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: EDWIN VASQUEZ

DIRECTOR

04/29/2016

Date

Electronic Signature of Signing Officer/Director Detail

Date

# **Officer/Director Detail Continued :**

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