

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

DOCUMENT# N04000010478

**Entity Name:** EL CAMPAMENTO DE DIOS, INC.

**Current Principal Place of Business:**

6500 PINES BLVD  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

7400 TWIN SABAL DRIVE  
C/O PETER MONTANEZ  
MIAMI LAKES, FL 33014 US

**FEI Number:** 42-1651077

**Certificate of Status Desired:** No

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

GONZALEZ, MARCOS  
5715 NW 64 TERR  
TAMARAC, FL 33321 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 CRUZ, MERCEDES  
Address 6505 W 27TH AVE. BLDG 40- APT 13  
City-State-Zip: HIALEAH FL 33016

Title TREASURER  
Name MONTANEZ, PETER  
Address 7400 TWIN SABAL DR.  
City-State-Zip: MIAMI LAKES FL 33014

Title PRESIDENT  
Name SOTO-ROLON, MAYRA  
Address 15747 NW 12 COURT  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR  
Name ROLON, IRAM  
Address 15747 NW 12 COURT  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR  
Name DOS SANTOS , FERNANDO  
Address 1893 SW 149 AVE.  
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR  
Name DOS SANTOS, MABEL  
Address 1893 S.W. 149 AVE.  
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR  
Name SANCHEZ-VILLALOBO, SOCORRO  
MARIA  
Address 5715 NW 64 TERR  
City-State-Zip: TAMARAC FL 33321

Title VP  
Name CARDONA, MERCEDES  
Address 881 NE 27 STREET  
City-State-Zip: LIGHTHOUSE POINT FL 33064

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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: PETER MONTANEZ**

**TREASURER**

**10/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	CHI, SANDRA
Address	6608 MIAMI LAKES DRIVE
City-State-Zip:	MIAMI LAKES FL 33014