

2017 FLORIDA NOT FOR PROFIT CORPORATION 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:**5715 NW 64 TERR.
C/O MARCOS GONZALEZ
TAMARAC, FL 33321 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	P
Name	GONZALEZ, MARCOS PRES.
Address	5715 NW 64 TERR
City-State-Zip:	TAMARAC FL 33321

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	VP
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	SOCORRO, MIGUEL
Address	5715 NW 64 TERR. C/O MARCOS GONZALEZ
City-State-Zip:	TAMARAC FL 33321

Title	DIRECTOR
Name	SOCORRO, RITA
Address	5715 NW 64 TERR. C/O MARCOS GONZALEZ
City-State-Zip:	TAMARAC FL 33321

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

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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****04/28/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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