

2020 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:**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	PRESIDENT
Name	SOTO-ROLON, MAYRA
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	SANCHEZ-VILLALOBO, SOCORRO MARIA
Address	5715 NW 64 TERR
City-State-Zip:	TAMARAC FL 33321

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

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

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

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****04/29/2020**_____
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

Title DIRECTOR
Name COLINA, ANA KARINA
Address 6500 PINES BLVD
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name GIRALDO, LIZET
Address 6500 PINES BLVD
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name GONZALEZ-MATA, SOLANGE
Address 6500 PINES BLVD
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name YSMERYS, GONZALEZ-GUZMAN
BEATRIZ
Address ALTO PARAMACONI
City-State-Zip: MATURIN

Title DIRECTOR
Name ALBERT, NERSY
Address 6500 PINES BLVD
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name ANTON, DEYANIRE
Address 6500 PINES BLVD
City-State-Zip: PEMBROKE PINES FL 33024