

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010478

**Entity Name:** EL CAMPAMENTO DE DIOS, INC.**Current Principal Place of Business:**6505 W 27TH AVE.  
BLDG 40- APT 13  
HIALEAH, FL 33016**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 TREASURER  
Name MONTANEZ, PETER  
Address 7400 TWIN SABAL DR.  
City-State-Zip: MIAMI LAKES FL 33014

Title DIRECTOR  
Name CARDONA, MERCEDES  
Address 14646 SW 35COURT  
City-State-Zip: MIRAMAR FL 33027

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

Title SECRETARY  
Name CRUZ, MERCEDES  
Address 6505 W 27TH AVE. BLDG 40- APT 13  
City-State-Zip: HIALEAH FL 33016

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

Title DIRECTOR  
Name CARDONA, OTILIO  
Address 14646 SW 35COURT  
City-State-Zip: MIRAMAR FL 33027

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

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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****04/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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, MABEL  
Address 1893 S.W. 149 AVE.  
City-State-Zip: MIRAMAR FL 33027

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