

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

DOCUMENT# N05000011041

**Entity Name:** CENTRO DE ESPERANZA NUEVA VIDA, INC.

**Current Principal Place of Business:**

11 NORTH MCMULLEN BOOTH ROAD  
CLEARWATER, FL 33759

**Current Mailing Address:**

P.O. BOX 17786  
CLEARWATER, FL 33762

**FEI Number:** 20-3695040

**Certificate of Status Desired:** No

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

REYES, ARMANDO  
2901 DARMOUTH AVE NORTH  
SAINT PETERSBURG, FL 33713 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 REYES, ARMANDO  
Address 2901 DARTMOUTH AVE NORTH  
City-State-Zip: S. PETESBURG FL 33713

Title TREASURER  
Name APONTE, CARMEN  
Address (50 55 WAY HIGH POINT  
City-State-Zip: CLEARWATER FL 33762

Title VP  
Name REYES, BENJAMIN A.  
Address 2901 DARTMOUTH AVE. N.  
City-State-Zip: ST PETERSBURG FL 33713

Title SECRETARY  
Name REYES, MERCEDES  
Address 2901 DARTMOUTH AVE. NORTH  
City-State-Zip: ST. PETERSBURG FL 33713

*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:** ARMANDO REYES

**PRESIDENT**

**07/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date