

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002429

Entity Name: SPIRITIST CENTER LOVE AND CHARITY, INC.**Current Principal Place of Business:**7575 KINGSPONTE PKWY
SUITE 14
ORLANDO, FL 32819**Current Mailing Address:**7575 KINGSPONTE PKWY
SUITE 14
ORLANDO, FL 32819 US**FEI Number:** 20-4643632**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACHADO, LUCIA P
14561 CABLESHIRE WAY
ORLANDO, FL 32824 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:** LUCIA P MACHADO

01/31/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	NEVES, ELIZETE
Address	8624 VALLEY RIDGE CT
City-State-Zip:	ORLANDO FL 32818
Title	TREASURER
Name	DIAS, ROBERTO
Address	13104 BOULDER WOODS CIR
City-State-Zip:	ORLANDO FL 32824
Title	DIRECTOR
Name	DA SILVA, MARIA LUIZA
Address	1339 WINDSOR DR.
City-State-Zip:	KISSIMMEE FL 34741

Title	VP
Name	NETO, SIMONE BETHENCOURT
Address	17318 AUTUMN PINES CT
City-State-Zip:	CLERMONT FL 34711
Title	TREASURER
Name	VASCONCELLOS, ROGERIO FELIPE
Address	351 TERRANOVA BLVD.
City-State-Zip:	WINTER HAVEN FL 33884

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: ROBERTO DIAS**TREASURER**

01/31/2017

Electronic Signature of Signing Officer/Director Detail

Date