

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006339

Entity Name: CASA DE PROVISION INC.**Current Principal Place of Business:**5808 LYNN ROAD
TAMPA, FL 33624**Current Mailing Address:**P.O. BOX 152496
TAMPA, FL 33684**FEI Number:** 26-0463080**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARCIA, JUAN E
5808 LYNN ROAD
TAMPA, FL 33624 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	PRESIDENT
Name	GARCIA, JUAN E
Address	5808 LYNN ROAD
City-State-Zip:	TAMPA FL 33624

Title	SECRETARY
Name	SERRANO, DAVID
Address	5808 LYNN RD
City-State-Zip:	TAMPA FL 33624

Title	VP
Name	GARCIA, LUCY
Address	5808 LYNN RD
City-State-Zip:	TAMPA FL 33624

Title	TREASURER
Name	REYES, LENA
Address	5808 LYNN RD
City-State-Zip:	TAMPA FL 33624

Title	AP
Name	GUARTON , CESAR
Address	5808 LYNN RD
City-State-Zip:	TAMPA FL 33624

Title	AP
Name	ALEMAR, NANCY
Address	5808 LYNN RD
City-State-Zip:	TAMPA FL 33624

Title	DEACONESS
Name	DILBERT, JULIE E
Address	5808 LYNN RD
City-State-Zip:	TAMPA FL 33624

Title	DEACONESS
Name	BETANCOURT, ELIZABETH
Address	5808 LYNN RD
City-State-Zip:	TAMPA, FL 33624

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: LENA REYES**TREASURER****03/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date