

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

DOCUMENT# N07000011961

**FILED**  
**Apr 14, 2014**  
**Secretary of State**  
**CC7540985450**

**Entity Name:** CENTRO CRISTIANO COMPARTIENDO EL PAN DE VIDA, INC.

**Current Principal Place of Business:**

2367 FORTUNE RD.  
KISSIMMEE, FL 34744

**Current Mailing Address:**

13670 HAWK LAKE DR  
ORLANDO, FL 32837 US

**FEI Number: 45-0646973**

**Certificate of Status Desired: No**

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

REYES, JOSE ASR.  
13670 HAWK LAKE DR.  
ORLANDO, FL 32837 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, JOSE  
Address 13670 HAWK LAKE DR.  
City-State-Zip: ORLANDO FL 32837

Title TREASURER  
Name REYES, JUAN  
Address 2400 GLENDRIDGE AVE  
City-State-Zip: KISSIMMEE FL 34746

Title VP  
Name CARABALLO, ELIZER  
Address 363 LA PAZ DR.  
City-State-Zip: KISSIMMEE FL 34743

Title V  
Name REYES, MIGDALIA  
Address 2400 GLENDRIDGE AVE  
City-State-Zip: KISSIMMEE FL 34746

Title V  
Name GARCIA, GLORIA  
Address 1546 BIRCHWOOD AVE  
City-State-Zip: KISSIMMEE FL 34744

Title V  
Name CARABALLO, LIZETTE  
Address 2367 FORTUNE RD  
City-State-Zip: KISSIMMEE FL 34744

*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: JOSE REYES**

**P**

**04/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date