

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001867

**FILED**  
**Mar 05, 2016**  
**Secretary of State**  
**CC3678056291**

**Entity Name:** CENTRO CRISTIANO DE FE/CHRISTIAN CENTER OF FAITH, CORP

**Current Principal Place of Business:**

987-989-991 SW 71ST AVE  
7712 NW 86 WAY TAMARAC FL33321  
NORTH LAUDERDALE, FL 33068

**Current Mailing Address:**

7712 NW 86 WAY  
TAMARAC, FL 33321 US

**FEI Number: 26-2043540**

**Certificate of Status Desired: Yes**

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

AGUADO, NELSON  
7712 NW 86 WAY  
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 AGUADO, NELSON  
Address 7712 NW 86 WAY  
City-State-Zip: TAMARAC FL 33321

Title VOCAL  
Name ARIAS, CLARA R  
Address 9101 LIME BAY BLVD  
APT. 110  
City-State-Zip: TAMARAC FL 33321

Title TR  
Name SARAVIA, JOSE  
Address 140 NW 48 TH COURT  
City-State-Zip: FORT LAUDERDALE FL 33309-4073

Title S  
Name RAMOS, SANDRA  
Address 3639 NW 53 CT  
City-State-Zip: FORT LAUDERDALE FL 33309

Title VP  
Name AGUADO, SULAY  
Address 7712 NW 86 WAY  
City-State-Zip: TAMARAC FL 33321

*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: NELSON AGUADO**

**PRESIDENT**

**03/05/2016**

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

\_\_\_\_\_  
Date