

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010702

Entity Name: CENTRO CRISTIANO LA PAZ INC.**Current Principal Place of Business:**5586 N OBT
ORLANDO, FL 32810**Current Mailing Address:**616 GRAY SQUIRREL CT
APOPKA, FL 32712 US**FEI Number:** 26-3765008**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NIEVES, EMILIO
616 GRAY SQUIRREL CT
APOPKA, FL 32712 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 NIEVES, EMILIO
Address 616 GRAY SQUIRREL CT
City-State-Zip: APOPKA FL 32712

Title VPS
Name NIEVES, MARITZA
Address 616 GRAY SQUIRREL CT
City-State-Zip: APOPKA FL 32712

Title D
Name REVERON, JOSE
Address 5586 N OBT
City-State-Zip: ORLANDO FL 32810

Title TRUSTEE, ASST. TREASURER
Name RODRIGUEZ, EMILY
Address 5586 N OBT
City-State-Zip: ORLANDO FL 32810

Title D
Name TORRES, FERDINAND
Address 5586 N OBT
City-State-Zip: ORLANDO FL 32810

Title D
Name RODRIGUEZ, DANIEL
Address 5586 N OBT
City-State-Zip: ORLANDO FL 32810

Title TREASURER, TRUSTEE
Name RIVERA, YANIA
Address 5586 N OBT
City-State-Zip: ORLANDO FL 32810

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: EMILIO NIEVES

PRESIDENT

04/25/2014

Electronic Signature of Signing Officer/Director Detail

Date