

2013 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

P

04/14/2013

Electronic Signature of Signing Officer/Director Detail_____
Date