## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000004058

Entity Name: COMUNIDAD CRISTIANA HOSANNA ASAMBLEAS DE DIOS,

INC.

**Current Principal Place of Business:** 

49 BANYAN COURSE OCALA, FL 34472

**Current Mailing Address:** 

P.O. BOX 1940

BELLEVIEW, FL 34420

FEI Number: 27-2558994 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JIMENEZ, MANUEL DPASTOR 8793 SE 61ST AVE OCALA, FL 34472 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

**FILED** Feb 20, 2018

**Secretary of State** 

CC3599082152

Officer/Director Detail:

Title Title VΡ

Name MANUEL, JIMENEZ DPASTOR Name DEJIMENEZ, DELICIA LASSIST.

Address 8793 SE 61ST AVE Address 8793 SE 61ST AVE City-State-Zip: OCALA FL 34472 City-State-Zip: OCALA FL 34472

**TREASURER** Title **TRUSTEE** Title LOPEZ, RAUL Name ROSARIO, JUANA Name Address 11207 SE HWY 464 Address 484 EMERALD RD City-State-Zip: OCALA FL 34472 City-State-Zip: OCALA FL 34472

Title **SECRETARY** 

Name COLON, CARMEN LUCIA

484 EMERALD RD Address OCALA FL 34472 City-State-Zip:

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: MANUEL D JIMENEZ

Electronic Signature of Signing Officer/Director Detail

**PRESIDENTE** 

02/20/2018 Date