

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

DOCUMENT# N10000010072

**Entity Name:** PEACE AND KNOWLEDGE SPIRITIST CENTER OF ORLANDO, INC.

**FILED**  
**Apr 17, 2016**  
**Secretary of State**  
**CC4421955384**

**Current Principal Place of Business:**

4071-C L. B. MCLEOD ROAD  
ORLANDO, FL 32811

**Current Mailing Address:**

500 STATE ROAD 436  
SUITE 2092  
CASSELBERRY, FL 32707 US

**FEI Number: 27-4390173**

**Certificate of Status Desired: Yes**

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

LIVIA, TREVISANI  
500 STATE ROAD 436  
SUITE 2092  
CASSELBERRY, FL 32707 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 PT  
Name TREVISANI, LIVIA  
Address 3532 MERIVALE DR.  
City-State-Zip: CASSELBERRY FL 32707

Title VP  
Name TOMASZEWSKI, SABRINA F  
Address 2836 SCENIC LANE  
City-State-Zip: KISSIMMEE FL 34744

Title T  
Name GURGEL, FERNANDA  
Address 153 TREVOR CT  
City-State-Zip: LAKE MARY FL 32746

Title D  
Name TREIN, FERNANDA  
Address 111 ELGIN BLVD.  
City-State-Zip: DAVENPORT FL 33897

*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: LIVIA TREVISANI**

**PRESIDENT**

**04/17/2016**

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

\_\_\_\_\_  
Date