

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010072

Entity Name: PEACE AND KNOWLEDGE SPIRITIST CENTER OF ORLANDO, INC.**FILED**
Apr 19, 2014
Secretary of State
CC2426159637**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	285 UPTOWN BLVD. APT. 235
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

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

Title	D
Name	DE SOUZA, ANGELICA D
Address	900 NOLA DR.
City-State-Zip:	OCOE FL 34761

Title	D
Name	OLIVEIRA, FERNANDO G
Address	900 NOLA DR.
City-State-Zip:	OCOE FL 34761

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**PT****04/19/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date