

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000010244

**Entity Name:** CENTRO CRISTIANO DE RECONCILIACION, INC**Current Principal Place of Business:**2393 S CONGRESS AVE  
BOX 110  
WEST PALM BEACH, FL 33406**Current Mailing Address:**2393 S CONGRESS AVE  
BOX 110  
WEST PALM BEACH, FL 33406 US**FEI Number:** 45-3723975**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALVAREZ, FRANK  
236 SANDPIPER AVE  
ROYAL PALM BEACH, FL 33411 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	ALVAREZ, FRANK
Address	236 SANDPIPER AVE
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	VP
Name	ALVAREZ, MARIA D
Address	236 SANDPIPER AVE.
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	TREA
Name	JULIAO, BEATRIZ
Address	2640 GAPELLE DR. WEST #1502
City-State-Zip:	WEST PALM BEACH FL 33415

Title	SEC
Name	JULIAO, BEATRIZ
Address	2640 GAPELLE DR. WEST #1502
City-State-Zip:	WEST PALM BEACH FL 33415

*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:** FRANK ALVAREZ**PRESIDENT****04/07/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date