# 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000002177

Entity Name: CENTRO DE REHABILITACION CRISTIANO NUEVO AMANECER

INC.

FILED Feb 27, 2017 Secretary of State CC1012001911

# **Current Principal Place of Business:**

5902 SEABOARD AVE. JACKSONVILLE, FL 32244

# **Current Mailing Address:**

5902 SEABOARD AVE. JACKSONVILLE, FL 32244 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

GARCIA-VASQUEZ, EMANUEL 1850 MANITOBA CT. N. MIDDLEBURG,, FL 32068 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 VP Title SEC

NameGARCIA, ELIO MNameFELICIANO, MARIELAddress1850 MANITOBA CT. N.Address1850 MANITOBA CT.NCity-State-Zip:MIDDLEBURG, FL 32068City-State-Zip:MIDLEBURG FL 32068

TitlePRESTitleTREASURERNameGARCIA, IVIS ANameTUA, TERESA

Address 1850 MANITOBA CT.N Address 2938 BENT BOW LANE

City-State-Zip: MIDDLEBURG FL 32068 City-State-Zip: MIDDLEBURG FL 32068

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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: TERESA TUA

TREASURER 02/27/2017