

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002177

**FILED**  
**Apr 03, 2018**  
**Secretary of State**  
**CC9058578126**

**Entity Name:** CENTRO DE REHABILITACION CRISTIANO NUEVO AMANECER INC.

**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  
Name GARCIA, EMANUEL  
Address 1850 MANITOBA CT. N.  
City-State-Zip: MIDDLEBURG, FL 32068

Title SEC  
Name GARCIA, MARIELI  
Address 1745 WELLS ROAD  
APT. 1309  
City-State-Zip: ORANGE PARK FL 32073

Title PRES  
Name GARCIA, IVIS A  
Address 1850 MANITOBA CT.N  
City-State-Zip: MIDDLEBURG FL 32068

Title TREASURER  
Name TUA, TERESA  
Address 2938 BENT BOW LANE  
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.*

**SIGNATURE: IVIS A. GARCIA**

**PRES**

**04/03/2018**

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

\_\_\_\_\_  
Date