

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000010845

**Entity Name:** CASA BELEN MINISTRY INC.**Current Principal Place of Business:**6501 ARLINGTON EXPRESSWAY  
BUILDING A SUITE 200  
JACKSONVILLE, FL 32211**Current Mailing Address:**1613 ANDERSON ROAD  
JACKSONVILLE, FL 32208 US**FEI Number:** 38-3893185**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DALLAL, OMID J  
101 PLAZA REAL SOUTH  
STE 203 S  
BOCA RATON, FL 33432 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:** OMID DALLAL**03/15/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | PRESIDENT             |
| Name            | TORRES, CARLOS J      |
| Address         | 1613 ANDERSON ROAD    |
| City-State-Zip: | JACKSONVILLE FL 32208 |

|                 |                       |
|-----------------|-----------------------|
| Title           | VP                    |
| Name            | PARTIDAS, RAFAEL JOSE |
| Address         | 1519 MARBLE LAKE DR   |
| City-State-Zip: | JACKSONVILLE FL 32221 |

|                 |                        |
|-----------------|------------------------|
| Title           | TREASURER              |
| Name            | COSME TORRES, YUNIESKY |
| Address         | 3420 EVE DRIVE W       |
| City-State-Zip: | JACKSONVILLE FL 32246  |

|                 |                       |
|-----------------|-----------------------|
| Title           | SECRETARY             |
| Name            | NODARSE, PURA         |
| Address         | 1020-1 TIM ROAD       |
| City-State-Zip: | JACKSONVILLE FL 32220 |

*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:** CARLOS J TORRES**PRESIDENT****03/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date