

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010845

Entity Name: CASA BELEN MINISTRY INC.**Current Principal Place of Business:**1654 WALNUT ST
JACKSONVILLE, FL 32206**Current Mailing Address:**1519 MARBLE LAKE DR
JACKSONVILLE, FL 32221 US**FEI Number:** 38-3893185**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TORRES, CARLOS J
301 CARAVAN CIRCLE
2008
JACKSONVILLE, FL 32216 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	PD
Name	TORRES, CARLOS J
Address	1519 MARBLE LAKE DR
City-State-Zip:	JACKSONVILLE FL 32221

Title	VD
Name	GONZALEZ, FRANCISCO JR
Address	4314 UNIVERSITY DR
City-State-Zip:	CHARLOTTE NC 28209

Title	TD
Name	DIAZ, MANUEL R
Address	1519 MARBLE LAKE DR
City-State-Zip:	JACKSONVILLE FL 32221

Title	SD
Name	NODARSE, PURA
Address	1519 MARBLE LAKE DR
City-State-Zip:	JACKSONVILLE FL 32221

Title	DM
Name	VARELA, JESSICA
Address	9210 PINACEAL CT
City-State-Zip:	CHARLOTTE NC 28215

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 TORRES

PASTOR

02/11/2019

Electronic Signature of Signing Officer/Director Detail_____
Date