

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000010163

**Entity Name:** SPONSOR A CHILD IN NEED, CORP**Current Principal Place of Business:**505 TWENTY SECOND STREET  
SAINT AUGUSTINE, FL 32084**Current Mailing Address:**505 TWENTY SECOND STREET  
SAINT AUGUSTINE, FL 32084 US**FEI Number:** 46-4101858**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEDINA, GABRIEL A  
916 MABBETTE STREET  
KISSIMMEE, FL 34741 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	RAMIREZ, LUIS A
Address	LOMAS DE URQUIA, UB. EL PINAR URB. EL PINAR, QTA. MACURO
City-State-Zip:	CARRIZAL ESTADO MIRANDA CP 1203 VENEZUELA

Title	P
Name	ARRIETTI, UKRANIA
Address	8290 LAKE DR APT 138
City-State-Zip:	DORAL FL 33166

Title	SECRETARY
Name	ZAMBRANO, EDWARD
Address	LOMAS DE URQUIA, URB. EL PINAR URB. EL PINAR, QTA. MACURO
City-State-Zip:	CARRIZAL ESTADO MIRANDA CP 1203 VENEZUELA

Title	TREASURER
Name	CASTILLO, MARIA
Address	LOMAS DE URQUIA, UB. EL PINAR URB. EL PINAR, QTA. MACURO
City-State-Zip:	CARRIZAL ESTADO MIRANDA CP 1203 VENEZUELA

*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:** UKRANIA ARRIETTI**MGR****05/09/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date