

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004170

Entity Name: EKKLESIA BRICKELL, INC.**Current Principal Place of Business:**247 SW 8TH ST
SUITE 391
MIAMI, FL 33130**Current Mailing Address:**247 SW 8TH ST
SUITE 391
MIAMI, FL 33130 US**FEI Number:** 46-5553713**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARCOS, HECTOR F
247 SW 8TH ST
SUITE 391
MIAMI, FL 33130 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 P
Name ARCOS, HECTOR F
Address 5077 NW 7 ST
APT.818
City-State-Zip: MIAMI FL 33126

Title D, S
Name ARCOS, SHARON E
Address 5077 NW 7TH ST
SUITE 818
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name CARRASQUILLO, MARCOS Y
Address 8388 NW 114TH PATH
City-State-Zip: DORAL FL 33178

Title TREASURER
Name MONROY, ANDRES
Address 8725 NW 18TH TERRACE
SUITE 201
City-State-Zip: DORAL FL 33172

Title VP
Name DUGAND, JOSE V
Address 13766 SW 118TH TERRACE
City-State-Zip: MIAMI FL 33186

Title D
Name DUGAND, JESSICA L
Address 13766 SW 118 TH TERRACE
City-State-Zip: MIAMI FL 33186

Title DIRECTOR
Name ALCIVAR, GUSTAVO G
Address 777 BRICKELL AVENUE
SUITE 500
City-State-Zip: MIAMI FL 33131

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: HECTOR ARCOS**PRESIDENT****04/28/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date