

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000004686

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC9716534032**

**Entity Name:** THE WELL WORSHIP CENTER INC.

**Current Principal Place of Business:**

6464 RIDGE ROAD  
PORT RICHEY, FL 34668

**Current Mailing Address:**

POST OFFICE BOX 1043  
ELFERS, FL 34680

**FEI Number: 47-2370805**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 SANCHEZ, ELISEO SR.  
Address 7944 ROUNDELAY DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34653

Title VD  
Name SANCHEZ, DENISHA R  
Address 7944 ROUNDELAY DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34653

Title TD  
Name YULFO, ELIZABETH  
Address 5911 HARRISON STREET  
City-State-Zip: NEW PORT RICHEY FL 34653

Title S  
Name HODGE, JANICE  
Address 5246 MOOG ROAD  
City-State-Zip: HOLIDAY FL 34690

*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: ELISEO SANCHEZ SR**

**PRESIDENT**

**04/27/2015**

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

\_\_\_\_\_  
Date