# 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.

PD

SIGNATURE: ELISEO SANCHEZ SR

Electronic Signature of Signing Officer/Director Detail

# 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004686

Entity Name: THE WELL WORSHIP CENTER INC.

#### **Current Principal Place of Business:**

7920 CONGRESS STREET PORT RICHEY, FL 34668

## **Current Mailing Address:**

POST OFFICE BOX 1025 ELFERS, FL 34680 US

## FEI Number: 47-2370805

## 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

# Officer/Director Detail :

Title	PD	Title	VD
Name	SANCHEZ, ELISEO SR.	Name	SANCHEZ, DENISHA R
Address	PO BOX 1043	Address	PO BOX 1043
City-State-Zip:	ELFERS FL 34680	City-State-Zip:	ELFERS FL 34680
Title	TD	Title	S
		Thue	0
Name	SESTOK, LAURENCE DEAN	Name	PLUMMER, DIANE
Name Address			-
	SESTOK, LAURENCE DEAN	Name	PLUMMER, DIANE

#### FILED Feb 20, 2023 Secretary of State 3704599990CC

Date

Certificate of Status Desired: Yes

Date

02/20/2023