

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000008137

**Entity Name:** CENTRO DE AVIVAMIENTO CRISTIANO WEST PALM BEACH, INC

**FILED**  
**Apr 09, 2018**  
**Secretary of State**  
**CC3422901363**

**Current Principal Place of Business:**

200 SWAIN BLVD  
GREENACRES, FL 33463

**Current Mailing Address:**

5012 CHERYL LANE  
WEST PALM BEACH, FL 33415

**FEI Number: 82-2441308**

**Certificate of Status Desired: Yes**

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

VILA SANTOYO, ORSON  
5012 CHERYL LANE  
WEST PALM BEACH, FL 33415 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	Title	VP
Name	VILA SANTOYO, ORSON	Name	MORALES DE VILA, NOEMI
Address	1200 W 63RD ST	Address	1200 W 63RD ST
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012

*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: REV. ORSON VILA SANTOYO**

**P**

**04/09/2018**

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

\_\_\_\_\_  
Date