

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000008137

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

**FILED**  
**Apr 17, 2019**  
**Secretary of State**  
**5890580070CC**

**Current Principal Place of Business:**

200 SWAIN BLVD  
GREENACRES, FL 33463

**Current Mailing Address:**

6301 MYRTLE WOOD CIRC WEST  
PALM BEACH GARDENS, FL 33418 US

**FEI Number: 82-2441308**

**Certificate of Status Desired: No**

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

VILA SANTOYO, ORSON  
1200 W 63 ST  
HIALEAH, FL 33013 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
Title	VP		
Name	VILA MORALES, KEREN		
Address	6301 MYRTLE WOOD CIRC WEST		
City-State-Zip:	PALM BEACH GARDENS FL 33418		

*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**

**04/17/2019**

Electronic Signature of Signing Officer/Director Detail

Date