

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000005000

**FILED**  
**Feb 09, 2024**  
**Secretary of State**  
**0160918720CC**

**Entity Name:** CASA DE AVIVAMIENTO WEST PALM BEACH, INCORPORATED

**Current Principal Place of Business:**

2390 S MILITARY TRAIL  
WEST PALM BEACH, FL 33415

**Current Mailing Address:**

2390 S MILITARY TRAIL  
WEST PALM BEACH, FL 33415 US

**FEI Number:** 92-2330817

**Certificate of Status Desired:** Yes

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

POVEDA MENDOZA, ROXANA  
3568 TURTLE ISLAND COURT  
WEST PALM BEACH, FL 33411 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 POVEDA MENDOZA, ROXANA  
Address 3568 TURTLE ISLAND COURT  
City-State-Zip: WEST PALM BEACH FL 33411

Title VP  
Name POVEDA, LAURA  
Address 3568 TURTLE ISLAND COURT  
City-State-Zip: WEST PALM BEACH FL 33411

Title SEC  
Name ALCON, JULIO  
Address 3568 TURTLE ISLAND CT  
City-State-Zip: WEST PALM BEACH FL 33411

*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:** ROXANA POVEDA MENDOZA

**PRESIDENT**

**02/09/2024**

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

\_\_\_\_\_  
Date