

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000007972

**Entity Name:** NEW DESTINY CHURCH BILINGUAL INC.**Current Principal Place of Business:**9412 NEW YORK AVE  
LOT 217  
HUDSON, 34667**Current Mailing Address:**9412 NEW YORK AVE LOT217  
HUDSON, FL 34667 US**FEI Number:** 88-4043150**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALEJANDRO, ELIZABETH  
9412 NEW YORK AVE LOT 217  
HUDSON, FL 34667 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	ALEJANDRO, ELIZABETH
Address	9412 NEW YORK AVE LOT217
City-State-Zip:	HUDSON FL 34667

Title	VP
Name	SAUREZ, RUBEN
Address	4150 CRESTWOOD BLVD
City-State-Zip:	NEW PORT RICHEY FL 34653

Title	T
Name	SALVAREZZA, CARRIE A
Address	11910 LAKEWOOD DRIVE
City-State-Zip:	HUDSON FL 34669

Title	S
Name	GARCIA, BETZAIDA
Address	6715 DEEB ST APT 26
City-State-Zip:	PORT RICHEY FL 34668

Title	S
Name	SAUREZ, EDNA E
Address	4150 CRESTWOOD BLVD
City-State-Zip:	NEW PORT RICHEY FL 34653

Title	OFFICER
Name	SANTIAGO, ANA MARIA
Address	6247 SUTHERLAND AVENUE
City-State-Zip:	NEW PORT RICHEY FL 34653

Title	OFFICER
Name	RAMOS, AMBER
Address	11703 SWEET SERENITY LANE APT. 103
City-State-Zip:	NEW PORT RICHEY FL 34654

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:** ELIZABETH ALEJANDRO**PRESIDENT****02/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date