

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002612

Entity Name: CENTRO CRISTIANO DE AMOR Y FE, INC.**Current Principal Place of Business:**5859 S.W. 16 STREET
MIAMI, FL 33155**Current Mailing Address:**5859 S.W. 16 STREET
MIAMI, FL 33155**FEI Number: 65-0915742****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MINA-SAAVEDRA, OSCAR G
5859 S.W. 16 STREET
MIAMI, FL 33155 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	PD
Name	MINA-SAAVEDRA, OSCAR G
Address	5859 S.W. 16 STREET
City-State-Zip:	MIAMI FL 33155

Title	VPD
Name	VARGAS, ELIZABETH
Address	5859 S.W. 16 STREET
City-State-Zip:	MIAMI FL 33155

Title	T
Name	GOMEZ, PIEDAD
Address	11871 SW 18 STREET # 1
City-State-Zip:	MIAMI FL 33175

Title	D
Name	GOMEZ, LUIS C
Address	11871 SW 18 STREET #1
City-State-Zip:	MIAMI FL 33175

Title	D
Name	NAVIA, DANIEL
Address	475 NW 85 CURT #6
City-State-Zip:	MIAMI FL 33126

Title	D
Name	MINA DE NAVIA, ESPERANZA
Address	475 NW 85 CURT #6
City-State-Zip:	MIAMI FL 33126

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: OSCAR MINA-SAAVEDRA**PRESIDENT****02/09/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date