

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

DOCUMENT# F16000000619

**FILED**  
**Apr 25, 2018**  
**Secretary of State**  
**CC9089180942**

**Entity Name:** CENTER INTERNATIONAL OF CHAPLAINS "MAHANAIM" CORPORATION

**Current Principal Place of Business:**

3191 MEDICAL CENTER DR, APTO. 40203  
MCKINNEY, TX 75069

**Current Mailing Address:**

2112 E FOURTH ST. SEGUNDO PISO STE. 220  
SANTA ANA, CA 92705 US

**FEI Number: 46-1265284**

**Certificate of Status Desired: No**

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

RODRIGUEZ, LEMUEL  
13105 SW 16TH CT.  
SUITE L. 11  
PEMBROKE PINES, FL 33027 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 CP  
Name CRUZ, JOSE LUIS  
Address 2112 E FOURTH ST. SEGUNDO PISO STE. 220  
City-State-Zip: SANTA ANA CA 92705

Title VCP  
Name GONZALES, YOLANDA  
Address 157 SILVER MOUNTAIN DR.  
City-State-Zip: GLENWOOD SPRING CO 81601

Title SD  
Name BRITO, ENRIQUE  
Address 9132 OPAL CR A  
City-State-Zip: HUNTINGTON BEACH CA 92647

Title TD  
Name PENA, CARLOS  
Address 3191 MEDICAL CENTER DR, APTO. 40203  
City-State-Zip: MCKINNEY TX 75069

*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: JOSE LUIS CRUZ**

**PRESIDENT**

**04/25/2018**

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

\_\_\_\_\_  
Date