

## Florida Department of State

**F23000004289**  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : RC TAX SERVICE LLC  
Account Number : 120140000083  
Phone : (407)932-0040  
Fax Number : (407)520-5473

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**RECEIVED**

2023 JUL 20 PM 4:42

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**FOREIGN PROFIT/NONPROFIT CORPORATION  
CENTRO CRISTIANO LA FAMILIA INC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

STATE OF FLORIDA  
TALLAHASSEE, FL

2023 JUL 20 PM 4:03

**FILED**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CENTRO CRISTIANO LA FAMILIA INC

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

MARILYN ORTIZ RIVERA

Name of Person

CENTRO CRISTIANO LA FAMILIA INC

Firm/Company

2402 LINWOOD AVE

Address

NIAGARA FALLS, FL 14305

City/State and Zip Code

montanez757@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARILYN ORTIZ RIVERA

Name of Person

716

Area Code

449-2100

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

# APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. CENTRO CRISTIANO LA FAMILIA INC

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK

(State or country under the law of which it is incorporated)

3. 86-3838472

(FEI number, if applicable)

4. 05/07/2021

(Date of Incorporation)

5. PERPETUAL

(Date of duration, if other than perpetual)

6.

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 2401 LINWOOD AVE, NIAGARA FALLS, NY, 14305

(Principal office street address)

2401 LINWOOD AVE, NIAGARA FALLS, NY, 14305

(Current mailing address, if different)

8. TO OPEN A CHURCH IN FLORIDA

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: MARILYN ORTIZ RIVERA

Office Address: 1820 WEDGEWOOD WAY

KISSIMMEE

(City)

Florida 34746

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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2023 JUL 20 PM 5:03  
STATE OF FLORIDA  
TALLAHASSEE

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

<input type="checkbox"/> Chairman	Name: <u>MARILYN ORTIZ RIVERA</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>2401 LINWOOD AVE</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>NIAGARA FALLS, NY 14305</u>	<input type="checkbox"/> Director	_____
<input checked="" type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Marilyn Ortiz Rivera  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. MARILYN ORTIZ RIVERA  
(Typed or printed name and capacity of person signing application)

## Department of State Division of Corporations

### Entity Information

[Return to Results](#)[Return to Search](#)

#### Entity Details

ENTITY NAME: CENTRO CRISTIANO LA FAMILIA INC.	DOS ID: 6008510
FOREIGN LEGAL NAME:	FICTITIOUS NAME:
ENTITY TYPE: DOMESTIC NOT-FOR-PROFIT CORPORATION	DURATION DATE/LATEST DATE OF DISSOLUTION:
SECTION OF LAW: 402 NCL - NOT-FOR-PROFIT CORPORATION LAW	ENTITY STATUS: ACTIVE
DATE OF INITIAL DOS FILING: 05/07/2021	REASON FOR STATUS:
EFFECTIVE DATE INITIAL FILING:	INACTIVE DATE:
FOREIGN FORMATION DATE:	STATEMENT STATUS: NOT REQUIRED
COUNTY: ERIE	NEXT STATEMENT DUE DATE:
JURISDICTION: NEW YORK, UNITED STATES	NFP CATEGORY: CHARITABLE

ENTITY DISPLAY

Service of Process on the Secretary of State as Agent

The Post Office address to which the Secretary of State shall mail a copy of any process against the corporation served upon the Secretary of State by personal delivery:

Name: THE CORPORATION

Address: 2402 LINWOOD AVENUE, NIAGARA FALLS, NY, UNITED STATES, 14305

Electronic Service of Process on the Secretary of State as agent: Not Permitted

Chief Executive Officer, Chairman and Address:

Name:

Address:

Principal Executive Office Address:

Address:

Registered Agent Name and Address:

Name:

Address:

Entity Primary Location Name and Address:

Name:

Address: