

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003813

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** CENTRO AVIVAMIENTO PODER DE DIOS INC

**Current Principal Place of Business:**

120-130 N HOMESTEAD BLVD  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

426 NORTH KROME AVENUE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

835 NW 6TH ST  
HOMESTEAD, FL 33030

**New Mailing Address:**

FEI Number: 26-4699669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SANCHEZ, CARLOS A  
14752 SW 297 TE  
HOMESTEAD, FL 33033 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SANCHEZ, CARLOS A  
Address: 14752 SW 297 TE  
City-St-Zip: HOMESTEAD, FL 33033

Title: VP,T  
Name: SANCHEZ, CILY  
Address: 14752 SW 297 TE  
City-St-Zip: HOMESTEAD, FL 33033

Title: T  
Name: GARCIA, JUDY  
Address: 835 NW 6TH ST.  
City-St-Zip: HOMESTEAD, FL 33030

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: JUDY GARCIA

T

01/10/2012

Electronic Signature of Signing Officer or Director

Date