

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702155

Entity Name: CENTRAL CHRISTIAN CHURCH OF DADE COUNTY,
FLORIDA,INC.**Current Principal Place of Business:**222 MENORES AVE
CORAL GABLES, FL 33134**Current Mailing Address:**222 MENORES AVE
CORAL GABLES, FL 33134 US**FEI Number: 59-1612313****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GRIFFIN, BARBARA
215 MENDOZA AVE.
CORAL GABLES, FL 33134 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: BARBARA GRIFFIN****01/16/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	FSD	Title	PARLIAMENTARIAN
Name	GRIFFIN, BARBARA	Name	RESTO, MILAGROS
Address	8340 SW 48TH ST.	Address	4100 SALZEDO ST. APT. 607
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33146
Title	VP	Title	PRESIDENT
Name	CORTES, JENNIFER	Name	CAYCEDO, CLARA
Address	746 SW 2ND ST. APT. 3	Address	10121 NW 57TH TERRACE
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33178
Title	SECRETARY	Title	TREASURER
Name	TATIS, FRANCES	Name	DUQUE, NOEL
Address	2280 SW 32ND AVE. APT. 414	Address	4419 SW 13 TERR.
City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI FL 33134
Title	2ND VICE PRESIDENT		
Name	HERNANDEZ, MANUEL		
Address	6731 NW 28 TERRACE		
City-State-Zip:	FORT LAUDERDALE FL 33309		

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: CLARA CAYCEDO**PRESIDENT****01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date