

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712724

**Entity Name:** EVANGELICAL PENTECOSTAL CHURCH AND REFUGEE CENTER, INC.

**Current Principal Place of Business:**

90 N.W. 27TH AVENUE  
MIAMI, FL 33125-5112

**Current Mailing Address:**

90 N.W. 27TH AVENUE  
MIAMI, FL 33125-5112

**FEI Number:** 59-1010116

**Certificate of Status Desired:** No

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

VALDES, JUAN  
90 N.W. 27TH AVENUE  
MIAMI, FL 33135 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 VALDES, JUAN  
Address 3231 NW 16 STREET  
City-State-Zip: MIAMI FL 33125

Title D  
Name SAAVEDRA, PEDRO  
Address 3944 NW 4 ST.  
City-State-Zip: MIAMI FL

Title D  
Name GARRIDO, BOLIVIA  
Address 1390 NW 29 AVE  
City-State-Zip: MIAMI FL 33125

Title D  
Name VALDES, DAISY  
Address 3231 NW 16 STREET  
City-State-Zip: MIAMI FL 33125

Title D  
Name PEREZ, JUAN A  
Address 3272 NW 16 STREET  
City-State-Zip: MIAMI FL 33125

*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:** JUAN VALDES

PD

02/01/2021

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

\_\_\_\_\_  
Date