

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001739

Entity Name: CENTRO DE ALABANZA Y RENOVACION ESPIRITUAL, INC.

Current Principal Place of Business:

3100 DEL PRADO SOUTH
CAPE CORAL, FL 33904

Current Mailing Address:

POST OFFICE BOX 150457
CAPE CORAL, FL 33915

FEI Number: 65-0983018

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALVAREZ, MIRLA E
4310 9TH ST W
LEHIGH ACRES, FL 33971 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 DIAZ, SANDRA E
Address 2213 NE 33 LANE
City-State-Zip: CAPE CORAL FL 33909

Title SD
Name ALVAREZ, MIRLA C
Address 4310 9TH ST W
City-State-Zip: LEHIGH ACRES FL 33971

Title D
Name RIVERO, ERIC
Address 2213 NE 33 LANE
City-State-Zip: CAPE CORAL FL 33909

Title D
Name RIVERO, DAHAIANA
Address 1504 NE 35 LANE
City-State-Zip: CAPE CORAL FL 33909

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: MIRLA C ALVAREZ

ADMINISTRATOR

02/11/2015

Electronic Signature of Signing Officer/Director Detail

Date