

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001807

Entity Name: COMUNIDAD CRISTIANA PEMBROKE PINES, INC.**Current Principal Place of Business:**8527 PINES BLVD
PEMBROKE PINES, FL 33024**Current Mailing Address:**8527 PINES BLVD
PEMBROKE PINES, FL 33024**FEI Number:** 65-1085579**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIVERA, DAVID S
13702 NW 10 CT
PEMBROKE PINES, FL 33028 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	DP
Name	RIVERA, DAVID S
Address	13702 NW 10 CT
City-State-Zip:	PEMBROKE PINES FL 33028

Title	DV
Name	RIVERA, PENELOPE DE
Address	13702 NW 10 CT
City-State-Zip:	PEMBROKE PINES FL 33028

Title	DS
Name	BENITO, LILLIANA M
Address	8848 NW 181 ST
City-State-Zip:	MIAMI FL 33018

Title	DT
Name	BRICENO, CATHERINE A
Address	2321 SW 35 AVENUE
City-State-Zip:	FT LAUDERDALE FL 33312

Title	D
Name	BENITO, RICARDO A
Address	8848 NW 181 ST
City-State-Zip:	MIAMI FL 33018

Title	D
Name	BRICENO, MIGUEL A
Address	2321 SW 35 AVENUE
City-State-Zip:	FT LAUDERDALE FL 33312

Title	DIRECTOR
Name	BENITEZ, GERMAN
Address	14701 LURAY ROAD
City-State-Zip:	SOUTHWEST RANCHES FL 33330

Title	DIRECTOR
Name	BENITEZ, MARY I
Address	14701 LURAY ROAD
City-State-Zip:	SOUTHWEST RANCHES FL 33330

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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: DAVID S RIVERA**PRESIDENT****04/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name MONTOYA, JAIME
Address 13395 SW 26 ST.
City-State-Zip: MIRAMAR FL 33027

Title D
Name MONTOYA, CLAUDIA B
Address 13395 SW 26 ST.
City-State-Zip: MIRAMAR FL 33027