

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005986

Entity Name: MINISTERIO CRISTIANO PRINCIPE DE PAZ INC.**Current Principal Place of Business:**235 JOEL BLVD.
LEHIGH ACRES, FL 33972**Current Mailing Address:**P.O. BOX 1077
LEHIGH ACRES, FL 33970**FEI Number:** 65-1204330**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANTOS, YOLANDA
610 WILLIAMS AVE
LEHIGH ACRES, FL 33972 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	P
Name	VALENTIN, CARLOS A
Address	1203 E 3RD ST
City-State-Zip:	LEHIGH ACRES FL 33936

Title	S
Name	RECIO NAZARIO, VILMA L
Address	609 FIFTH AVE
City-State-Zip:	LEHIGH ACRES FL 33973

Title	VP
Name	SANTOS, JONATHAN
Address	1017 JAMES AVE
City-State-Zip:	LEHIGH ACRES FL 33972

Title	D
Name	CHIMELIS, ANATILDE
Address	CERRO MIRAMAR #54
City-State-Zip:	RINCON 00677

Title	DIRECTOR
Name	OSSA, ARTURO
Address	1104 THOMPSON AVE
City-State-Zip:	LEHIGH ACRES FL 33972

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: CARLOS A VALENTIN**PRESIDENT****04/21/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date