

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008601

**FILED  
Mar 21, 2013  
Secretary of State  
CC4290890567**

**Entity Name:** CENTRO DE ADORACION REFUGIO ETERNO, INC.

**Current Principal Place of Business:**

3256 2ND AVE NORTH  
PALM SPRINGS, FL 33461

**Current Mailing Address:**

P.O. BOX 22602  
WEST PALM BEACH, FL 33416-2602

**FEI Number: 20-0369988**

**Certificate of Status Desired: No**

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

FONTANEZ, VALENTIN  
1634 GRAND OAK WAY  
WELLINGTON, FL 33414 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 D  
Name FONTANEZ, VALENTIN PASTOR  
Address 1634 GRAND OAK WAY  
City-State-Zip: WELLINGTON FL 33414

Title D  
Name NATALE, MARIA  
Address 100 SOUTH STUART CIRCLE  
City-State-Zip: GREENACRES FL 33463

Title D  
Name NIEVES, WANDA  
Address 1634 GRAND OAK WAY  
City-State-Zip: WELLINGTON FL 33414

Title D  
Name FONTANEZ, REINALDO  
Address 900 DEL LAGO COURT - APT. #104  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D  
Name SANTIAGO, RAMONA  
Address 2660 HAVERHILL ROAD NORTH  
City-State-Zip: WEST PALM BEACH FL 33417

*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: VALENTIN FONTANEZ**

**PASTOR**

**03/21/2013**

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

\_\_\_\_\_  
Date