

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008601

**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  
4716 VILLA SANTORINI DR  
LAKE WORTH , FL 33461 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: VALENTIN FONTANEZ**

**01/21/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTOR, PRESIDENT  
Name FONTANEZ, VALENTIN  
Address 4716 VILLA SANTORINI DR  
City-State-Zip: LAKE WORTH FL 33461

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

Title SECRETARY  
Name FONTANEZ , GENESIS  
Address 112 OLIVE TREE CIRCLE  
City-State-Zip: GREENACRES FL 33413

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

Title DEACON  
Name NIEVES , WANDA  
Address 4716 VILLA SANTORINI DR  
City-State-Zip: LAKE WORTH FL 33461

*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**

**PRESIDENT**

**01/21/2018**

Electronic Signature of Signing Officer/Director Detail

Date