

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010748

**Entity Name:** MISION VIDA CRISTIANA INC

**Current Principal Place of Business:**

4050 COLONIAL BLVD  
FORT MYERS, FL 33966

**Current Mailing Address:**

4100 CORPORATE SQUARE  
STE 100  
NAPLES, FL 34104 US

**FEI Number:** 20-0484311

**Certificate of Status Desired:** No

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

FOLEY FORENSIC ACCOUNTING, LLC  
4100 CORPORATE SQUARE  
STE 100  
NAPLES, FL 34104 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 DR  
Name FOLEY, ALBALUCIA  
Address 4100 CORPORATE SQUARE  
STE 100  
City-State-Zip: NAPLES FL 34104

Title TREASURER  
Name ALVAREZ, LEONARDO  
Address 4050 COLONIAL BLVD  
City-State-Zip: FT MYERS FL 33966

Title DR  
Name GARDUNA, ALFRED  
Address 7061 LIVINGSTON WOODS  
City-State-Zip: NAPLES FL 34109

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:** ALBALUCIA FOLEY

**DR**

**01/09/2020**

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

\_\_\_\_\_  
Date