#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011961

Entity Name: CENTRO CRISTIANO COMPARTIENDO EL PAN DE VIDA, INC.

**FILED** Mar 26, 2024 **Secretary of State** 1975332627CC

## **Current Principal Place of Business:**

1116 E DONEGAN AVE KISSIMMEE, FL 34741

# **Current Mailing Address:**

363 LA PAZ DR

KISSIMMEE. FL 34743 US

FEI Number: 45-0646973 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CARABALLO, ELIEZER 363 LA PAZ DR KISSIMMEE, FL 34743 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: ELIEZER CARABALLO 03/26/2024

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

City-State-Zip:

Title Title

CARABALLO, ELIEZER GARCIA, GLORIA Name Name

363 LA PAZ DR Address 1546 BIRCHWOOD AVE Address City-State-Zip: KISSIMMEE FL 34744 KISSIMMEE FL 34743

Title **SECRETARY** Title DIRECTOR

Name PAGANI, CARMEN L ORTIZ, WALESKA Name

Address 363 LA PAZ DR Address 429 RAY KEEN RD

KISSIMMEE FL 34743 City-State-Zip: City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR Title

Name MOJICA, GRISELLE LLANOS, ALEJANDRO Name Address 2914 FORESTER CT 501 ANISE WAY Address

City-State-Zip: KISSIMMEE FL 34758 City-State-Zip: KISSIMMEE FL 34759

Title DIRECTOR

NOGUEIRAS, MAGALY F Name

7 LAGO MESA WAY Address KISSIMMEE FL 34743 City-State-Zip:

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: ELIEZER CARABALLO Ρ

Electronic Signature of Signing Officer/Director Detail

03/26/2024 Date