

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000011961

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

**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

03/21/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CARABALLO, ELIEZER  
Address 363 LA PAZ DR  
City-State-Zip: KISSIMMEE FL 34743

Title T  
Name GARCIA, GLORIA  
Address 1546 BIRCHWOOD AVE  
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR  
Name ORTIZ, WALESKA  
Address 429 RAY KEEN RD  
City-State-Zip: HAINES CITY FL 33844

Title SECRETARY  
Name PAGANI, CARMEN L  
Address 363 LA PAZ DR  
City-State-Zip: KISSIMMEE FL 34743

Title VP  
Name LLANOS, ALEJANDRO  
Address 501 ANISE WAY  
City-State-Zip: KISSIMMEE FL 34759

Title DIRECTOR  
Name MOJICA, GRISELLE  
Address 2914 FORESTER CT  
City-State-Zip: KISSIMMEE FL 34758

Title DIRECTOR  
Name NOGUEIRAS, MAGALY F  
Address 7 LAGO MESA WAY  
City-State-Zip: KISSIMMEE FL 34743

*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

P

03/21/2023

Electronic Signature of Signing Officer/Director Detail

Date