

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

DOCUMENT# N09000003813

**FILED**  
**Jan 09, 2024**  
**Secretary of State**  
**5094122035CC**

**Entity Name:** CENTRO AVIVAMIENTO PODER DE DIOS INC

**Current Principal Place of Business:**

835 NW 6TH STREET  
HOMESTEAD, FL 33030

**Current Mailing Address:**

835 NW 6TH ST  
HOMESTEAD, FL 33030

**FEI Number: 26-4699669**

**Certificate of Status Desired: Yes**

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

SANCHEZ, CARLOS A  
14752 SW 297 TE  
HOMESTEAD, FL 33033 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 P  
Name SANCHEZ, CARLOS A  
Address 14752 SW 297 TE  
City-State-Zip: HOMESTEAD FL 33033

Title VP,T  
Name SANCHEZ, CILY  
Address 14752 SW 297 TE  
City-State-Zip: HOMESTEAD FL 33033

Title T  
Name GARCIA, JUDY  
Address 835 NW 6TH ST.  
City-State-Zip: HOMESTEAD FL 33030

*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: JUDY GARCIA**

**TREASURER**

**01/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date