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

Electronic Signature of Signing Officer/Director Detail

### 0

Officer/Director Detail :				
Title	Р	Title	VP,T	
Name	SANCHEZ, CARLOS A	Name	SANCHEZ, CILY	
Address	14752 SW 297 TE	Address	14752 SW 297 TE	
City-State-Zip:	HOMESTEAD FL 33033	City-State-Zip:	HOMESTEAD FL 33033	
Title	т			
	·			
Name	GARCIA, JUDY			
Address	835 NW 6TH ST.			

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.

# Electronic Signature of Registered Agent

# SIGNATURE:

City-State-Zip: HOMESTEAD FL 33030

HOMESTEAD, FL 33030

## FEI Number: 26-4699669

## Name and Address of Current Registered Agent:

SANCHEZ, CARLOS A 14752 SW 297 TE HOMESTEAD, FL 33033 US

# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N0900003813

Entity Name: CENTRO AVIVAMIENTO PODER DE DIOS INC

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

426 NORTH KROME AVENUE HOMESTEAD, FL 33030

### **Current Mailing Address:**

835 NW 6TH ST

FILED Feb 22, 2015 Secretary of State CC5335061160

Certificate of Status Desired: Yes

TREASURER

02/22/2015

Date

Date