

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

DOCUMENT# N09000006220

**Entity Name:** MINISTERIO CENTRO CRISTIANO NEFESH INC.

**Current Principal Place of Business:**

2050 SR 436 SUITE 128  
WINTER PARK, FL 32792

**Current Mailing Address:**

123 CHATEAU CIR  
DEBARY, FL 32713 US

**FEI Number:** 27-0430941

**Certificate of Status Desired:** No

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

RIVERA, MARIA IVETTE DR.  
123 CHATEAU CIR  
DEBARY, FL 32713 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:** MARIA IVETTE RIVERA

03/27/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTOR  
Name CARRASQUILLO, EMILIO PASTOR DR.  
Address 123 CHATEAU CIR  
City-State-Zip: DEBARY FL 32713

Title PASTOR  
Name RIVERA- CARRASQUILLO, MARIA IVETTE PASTOR DR.  
Address 123 CHATEAU CIR  
City-State-Zip: DEBARY FL 32713

Title DC  
Name NEWTON, FRANK  
Address 2009 CHASE AVE  
City-State-Zip: SANFORD FL 32771

Title DC  
Name GARCIA , IRIS  
Address 4801 FORT STEVENS ST. APT 521  
City-State-Zip: ORLANDO FL 32822

Title DC.  
Name LABOY, MELXA  
Address 10723 LEADER LN  
City-State-Zip: ORLANDO FL 32825

Title DC  
Name MALDONADO, JUAN CARLOS  
Address 10723 LEADER LN  
City-State-Zip: ORLANDO FL 32825

*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:** MARIA IVETTE RIVERA -CARRASQUILLO

PASTOR

03/27/2024

Electronic Signature of Signing Officer/Director Detail

Date