

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011466

**Entity Name:** CENTRO DE ADORACION CRISTIANO INC.

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC9138135781**

**Current Principal Place of Business:**

1024  
SOUTH 78TH STREET  
TAMPA, FL 33619

**Current Mailing Address:**

3207 STAR STREET  
HOUSE  
TAMPA, FL 33605

**FEI Number: 36-4577489**

**Certificate of Status Desired: Yes**

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

BASS, AITZA A  
3207 STAR STREET  
HOUSE  
TAMPA, FL 33605 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            D  
Name            BASS, AITZA AMRS  
Address        3207 STAR STREET  
City-State-Zip: TAMPA FL 33605

Title            VD  
Name            LEBRON, SAUL SR  
Address        3207 STAR STREET  
City-State-Zip: TAMPA FL 33605

Title            T  
Name            FUENTES, RUBEN MSR  
Address        8434 MISSION COURT APT 4  
City-State-Zip: TAMPA FL 33617

Title            SECRETARY  
Name            SANCHEZ, VIVIAN J  
Address        1825 CADILLAC CIR  
City-State-Zip: TAMPA FL 33619

*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: AITZA BASS**

**DIRECTOR**

**04/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date