

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 08, 2016
Secretary of State
CC6319515706

Entity Name: CENTRO CRISTIANO VIDA NUEVA INC

Current Principal Place of Business:

502 N 30TH STREET
HAINES CITY, FL 33844

Current Mailing Address:

7509 PLEASANT DR
HAINES CITY, FL 33844 US

FEI Number: 27-0200246

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ORTIZ, RAFAEL SR
7509 PLEASANT DR
HAINES CITY, FL 33844 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 ORTIZ, RAFAEL SR
Address 7509 PLEASANT DR
City-State-Zip: HAINES CITY FL 33844

Title VP
Name HERNANDEZ, IRIS N
Address 7509 PLEASANT DR
City-State-Zip: HAINES CITY FL 33844

Title VOCAL
Name GOMEZ, MARISOL
Address 118 GRANT CIRCLE
City-State-Zip: DAVENPORT FL 33837

Title ASST. TREASURER
Name CRUZ, PEDRO
Address 6018 LAKE RUTH DR. WEST
City-State-Zip: DUNDEE FL 38838

Title TREASURER
Name HERNANDEZ, ELIUD
Address 1024 BRENTON MANOR DR
City-State-Zip: WINTER HAVEN FL 33881

Title VOCAL
Name SUAREZ, ROBERTO
Address 2002 HEMINGWAY CIR
City-State-Zip: HAINES CITY FL 33844

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: RAFAEL ORTIZ

PRESIDENT

01/08/2016

Electronic Signature of Signing Officer/Director Detail

Date