

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007243

**Entity Name:** CENTRO CRISTIANO VIDA NUEVA INC

**Current Principal Place of Business:**

502 N 30TH STREET  
HAINES CITY, FL 33844

**Current Mailing Address:**

PO BOX 883  
LAKE HAMILTON, FL 33851 US

**FEI Number:** 27-0200246

**Certificate of Status Desired:** Yes

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

ORTIZ, RAFAEL SR  
200 KELLY ST  
LAKE HAMILTON, FL 33851 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 200 KELLY ST  
City-State-Zip: LAKE HAMILTON FL 33851

Title VP  
Name HERNANDEZ, IRIS N  
Address PO BOX 883  
City-State-Zip: LAKE HAMILTON FL 33851

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

Title VOCAL  
Name ROBLES, SAMUEL  
Address 130 MILESTONE DR  
City-State-Zip: HAINES CITY FL 33844

Title TREASURER  
Name DIAZ, MARIA C  
Address 310 COCOA COURT  
City-State-Zip: KISSIMMEE FL 34758

*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**

**01/08/2021**

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

\_\_\_\_\_  
Date