

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007243

**FILED**  
**Jan 07, 2013**  
**Secretary of State**  
**CC9477594796**

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

**Current Principal Place of Business:**

1024 BRENTON MANOR DR  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

1024 BRENTON MANOR DR  
WINTER HAVEN, FL 33881

**FEI Number:** 27-0200246

**Certificate of Status Desired:** Yes

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

ORTIZ, RAFAEL SR  
2013 HEMINGWAY CIR  
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 2013 HEMINGWAY CIR  
City-State-Zip: HAINES CITY FL 33844

Title VP  
Name HERNANDEZ, IRIS N  
Address 2013 HEMINGWAY CIR  
City-State-Zip: HAINES CITY FL 33844

Title TREASURER  
Name GOMEZ, MARISOL  
Address 705 CHINE BERRY CIR  
City-State-Zip: DAVENPORT FL 33837

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

*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**

**01/07/2013**

Electronic Signature of Signing Officer/Director Detail

Date