

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:**

7509 PLEASANT DR  
HAINES CITY , FL 33844 US

**FEI Number:** 27-0200246

**Certificate of Status Desired:** No

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

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

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

Title VOCAL  
Name RESTO, DIGNA  
Address 4 E. ORANGE ST  
City-State-Zip: DAVENPORT FL 33837

*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:** IRIS N HERNANDEZ

**VICE PRESIDENT**

**03/09/2017**

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

\_\_\_\_\_  
Date