

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000620

**FILED**  
**Jun 19, 2020**  
**Secretary of State**  
**5743331811CC**

**Entity Name:** CASA DE ORACION EL OLIVAR,INC.

**Current Principal Place of Business:**

8499 W FORREDT HILL BLVD  
WELLINGTON, FL 33411

**Current Mailing Address:**

P O BOX 211444  
ROYAL PALM BEACH, FL 33421 US

**FEI Number:** 45-5199811

**Certificate of Status Desired:** No

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

RAMIREZ, BLAS  
164 SPARROW DRIVE  
104  
ROYAL PALM BEACH, FL 33411 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           VP  
Name           GARCIA, WANDA  
Address        164 SPARROW DRIVE  
                  104  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title           PRESIDENT  
Name           RAMIREZ, BLAS  
Address        164 SPARROW DRIVE  
                  104  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title           D  
Name           DE CASTRO, BARTOLO  
Address        7913 NW 60 ST  
City-State-Zip: TAMARAC FL 33321

Title           D  
Name           DE CASTRO, GUARINA  
Address        7913 NW 60 ST  
City-State-Zip: TAMARAC FL 33321

*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:** WANDA GARCIA

VP

06/19/2020

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

\_\_\_\_\_  
Date