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: CARLOS PINTO SANCHEZ

Electronic Signature of Signing Officer/Director Detail

ORTIZ, NORMA V P 4794 FLAMLAU AVE NORTH PORT, FL 34287 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

### **Officer/Director Detail :**

Title	Р	Title	VP
Name	PINTO, CARLOS	Name	ORTIZ, NORMA
Address	4794 FLAMLAU AVE	Address	4794 FLAMLAU AVE
City-State-Zip:	N PORT FL 34237	City-State-Zip:	N PORT FL 34237
	_		-
Title	S	Title	т
Title Name	S HERMIDA, NELLY	Title Name	T CORTES, ESTHER
	-		T CORTES, ESTHER 22946 QUASAR

Certificate of Status Desired: Yes

FILED Jan 17, 2018 Secretary of State CC1063272808

Date

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N11000001212

Entity Name: EL CENTRO CRISTIANO EL SHADDAI INC.

### **Current Principal Place of Business:**

119 TAMIAMI TR STE A & B PORT CHARLOTTE, FL 33953

## **Current Mailing Address:**

4794 FLAMLAU AVE NORTH PORT. FL 34237

## FEI Number: 27-5209994

# Name and Address of Current Registered Agent:

PRESIDENT

Date

01/17/2018