

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005908

Entity Name: RESTORED CREATIONS CHURCH, INC.**Current Principal Place of Business:**3840 SW 125 AVE
MIAMI, FL 33175**Current Mailing Address:**PO BOX 654635
MIAMI, FL 33265 US**FEI Number:** 45-2577820**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GONZALEZ LAW OFFICES, P.A.
2655 LE JEUNE RD
SUITE 544
CORAL GABLES, FL 33134 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/D
Name	GALVEZ, RAFAEL
Address	PO BOX 654635
City-State-Zip:	MIAMI FL 33265

Title	T
Name	GALVEZ, YAMIL
Address	PO BOX 654635
City-State-Zip:	MIAMI FL 33265

Title	VP/D
Name	VASQUEZ, WILFREDO
Address	PO BOX 654635
City-State-Zip:	MIAMI FL 33265

Title	S/D
Name	MARTINEZ, VIVIANNE
Address	PO BOX 654635
City-State-Zip:	MIAMI FL 33265

Title	D
Name	VARGAS, NERINA
Address	PO BOX 654635
City-State-Zip:	MIAMI FL 33265

Title	D
Name	DELGADO, PETER
Address	PO BOX 654635
City-State-Zip:	MIAMI FL 33265

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 GALVEZ**PRESIDENT****03/17/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date