

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000004917

**Entity Name:** CENTRO DE ADORACION FAMILIAR CHURCH OF THE NAZARENE INC.

**FILED**  
**Apr 12, 2018**  
**Secretary of State**  
**CC9929760228**

**Current Principal Place of Business:**

521 2ND ST.,S.W.  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

521 2ND ST.,S.W.  
WINTER HAVEN, FL 33880

**FEI Number: 47-3804012**

**Certificate of Status Desired: Yes**

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

LOPEZ, JUAN MANUEL  
521 2ND ST.,S.W.  
WINTER HAVEN, FL 33880 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 LOPEZ, JUAN M  
Address 3025 SABAL BEND DR NE  
City-State-Zip: WINTER HAVEN FL 33881

Title SECRETARY  
Name NIEVES, MARISELI  
Address 608 REFLECTIONS LOOP  
City-State-Zip: WINTER HAVEN FL 33884

Title T  
Name LAPORTE, AMY  
Address 208 DENNIS AVE.  
City-State-Zip: WINTER HAVEN FL 33880

*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: JUAN M LOPEZ**

**PRESIDENT.**

**04/12/2018**

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

\_\_\_\_\_  
Date