

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005268

**Entity Name:** CENTRO DE ADORACION VIDA NUEVA INC.

**Current Principal Place of Business:**

118 DUVAL STREET NW  
LIVE OAK, FL 32064

**Current Mailing Address:**

1312 GOODWIN ST  
LIVE OAK, FL 32064 US

**FEI Number:** 84-3257896

**Certificate of Status Desired:** No

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

ALC ACCOUNTING SERVICES  
1530 BROKEN OAK DRIVE  
WINTER GARDEN, FL 34787 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 ISIDRO, JOSAFAT  
Address 1312 GOODWIN ST  
City-State-Zip: LIVE OAK FL 32064

Title CORRESPONDING SECRETARY  
Name ISIDRO, MARIA LUISA  
Address 1312 GOODWIN ST  
City-State-Zip: LIVE OAK FL 32064

Title DEACONESS  
Name GAFAS, YAMILE  
Address 11052 SR-51  
City-State-Zip: LIVE OAK FL 32060

Title SECRETARY  
Name GONZALEZ, MAYDANI  
Address 15338 58TH TERR  
City-State-Zip: LIVE OAK FL 32060

Title DEACONESS  
Name MELGAR CABRERA, JESSICA  
Address 10071 171 ST PL  
City-State-Zip: LIVE OAK FL 32060

*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:** JOSAFAT ISIDRO

**PRESIDENT**

**04/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date