

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000011158

**Entity Name:** CPC OF THE WMM - FLORIDA CITY, FL - ONE, INC.

**Current Principal Place of Business:**

951 NW 3RD AVE  
SUITE #4  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

P. O. BOX 901361  
HOMESTEAD, FL 33090-1361 US

**FEI Number: 81-0699872**

**Certificate of Status Desired:** Yes

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

VIERA VELEZ, LYNNETTE C.  
411 NE 20TH AVE.  
HOMESTEAD, FL 33033 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:** LYNNETTE C. VIERA VELEZ

03/17/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name DE LEON, BIENVENIDA  
Address 1450 E. MOWRY DR.  
APT. 201  
City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR  
Name MARTINEZ, RAMON  
Address 1650 SE 23RD ST  
City-State-Zip: HOMESTEAD FL 33035

Title TREASURER  
Name VIERA VELEZ, LYNNETTE C  
Address 411 NE 20TH AVE.  
City-State-Zip: HOMESTEAD FL 33033

Title DIRECTOR  
Name RAYMUNDO, PEDRO  
Address 854 SW 7TH TERR  
City-State-Zip: FLORIDA CITY FL 33034

Title VP  
Name HERNANDEZ, IRIS  
Address 1776 SW 4TH ST  
City-State-Zip: HOMESTEAD FL 33030

Title SECRETARY  
Name MARQUEZ, YESSICA  
Address 313 NW 3RD AVE.  
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR  
Name TZOC TAX, MAXIMO PEDRO  
Address 411 NE 20TH AVE.  
City-State-Zip: HOMESTEAD FL 33033

*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:** LYNNETTE C. VIERA VELEZ

ACCOUNTANT

03/17/2023

Electronic Signature of Signing Officer/Director Detail

Date