

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000002727

Entity Name: CONGREGACION CASA DE ORACION, INC.**Current Principal Place of Business:**14880 MYSTIC LAKE CIRCLE APT #9105
NAPLES, FL 34119**Current Mailing Address:**14880 MYSTIC LAKE CIRCLE APT #9105
NAPLES, FL 34119 US**FEI Number:** 81-2637676**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NAVARRO, ALBERTO
14880 MYSTIC LAKE CIRCLE APT #9105
NAPLES, FL 34119 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	PD
Name	NAVARRO, ALBERTO
Address	14880 MYSTIC LAKE CIRCLE APT #9105
City-State-Zip:	NAPLES FL 34119

Title	D
Name	NAVARRO, NELLY
Address	14880 MYSTIC LAKE CIRCLE APT #9105
City-State-Zip:	NAPLES FL 34119

Title	SD
Name	SANCHEZ VALOR, YESENIA
Address	2148 SUNSHINE BLVD UNIT B
City-State-Zip:	NAPLES FL 34116

Title	TD
Name	KASO, BLERINA
Address	4865 22ND PL SW
City-State-Zip:	NAPLES FL 34116

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: ALBERTO NAVARRO

PD

03/18/2021

Electronic Signature of Signing Officer/Director Detail_____
Date