

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000004200

Entity Name: CASA DE REFUGIO Y RESTAURACION ADONAI, INC.

Current Principal Place of Business:

1036 PLAZA DRIVE
KISSIMMEE, FL 34743

Current Mailing Address:

P.O. BOX 2
BREINIGSVILLE, PA 18031 US

FEI Number: 82-5196968

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAU, TOMAS A
1036 PLAZA DRIVE
KISSIMMEE, FL 34743 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 VP, TREASURER
Name GRAU, TOMAS A
Address P.O. BOX 2
City-State-Zip: BREINIGSVILLE PA 18031

Title PRESIDENT, PASTOR
Name ROBLES, EVELYN
Address P.O. BOX 2
City-State-Zip: BREINIGSVILLE PA 18031

Title CEO, I, SECRETARY
Name RODRIGUEZ, DAMARIS
Address 1222 BERMUDA LAKES LN
APARTAMENT 202
City-State-Zip: KISSIMMEE FL 34741

Title ASST. SECRETARY, ASST.
TREASURER
Name RIVERA, CAMILLE M
Address 6127 W RIDGEWOOD AVENUE
City-State-Zip: ORLANDO FL 32835

Title CEO, 3
Name BIZARRETTY, GRISELLE
Address 267 COBALT DRIVE
City-State-Zip: KISSIMMEE FL 34758

Title CEO, 2
Name CARRERA, WILLIAM
Address 1773 N JOG ROD
APT # 105
City-State-Zip: WEST PALM BEACH FL 33422

Title CEO, 4
Name CABAN, ZORAIDA
Address 1773 N JOG RD
APT # 105
City-State-Zip: WEST PALM BEACH FL 33411

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: EVELYN ROBLES

PRESIDENT

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date