

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22776

**FILED**  
**Jan 02, 2019**  
**Secretary of State**  
**CC8395779508**

**Entity Name:** KARDECIAN SPIRITIST FEDERATION OF FLORIDA INC.

**Current Principal Place of Business:**

965 SO. SHORE DR  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

965 SO. SHORE DR  
MIAMI BEACH, FL 33141 US

**FEI Number:** 65-0034375

**Certificate of Status Desired:** No

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

NETTO, MARCELO C  
965 SO. SHORE DR  
MIAMI BEACH, FL 33141 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, PRESIDENT  
Name NETTO, MARCELO  
Address 965 SOUTH SHORE DRIVE  
City-State-Zip: MIAMI BEACH FL 33141

Title VP  
Name AYRES, TEREZA  
Address 1302 NE 191 ST  
APT 123  
City-State-Zip: NO MIAMI BEACH FL 33179

Title SECRETARY  
Name MACHADO, JANAINA A  
Address 1610 COUNTRY CLUB BLVD  
City-State-Zip: CAPE CORAL FL 33990

Title TREASURER  
Name BENETTI, SANDRA  
Address 22613 MIDDLETOWN DR  
City-State-Zip: BOCA RATON FL 33428

Title VICE TREASURER  
Name ARAUJO, RITA  
Address 8800 BLIND PASS  
APT 6  
City-State-Zip: ST PETE BEACH FL 33706

Title VICE SECRETARY  
Name MELLADO, CLAUDIA G  
Address 1302 NE 191 ST  
APT 123  
City-State-Zip: NO MIAMI BEACH FL 33179

Title EVENTS DIRECTOR  
Name MARSHALL, ANDREIA  
Address 965 SOUTH SHORE DRIVE  
City-State-Zip: MIAMI BEACH FL 33141

Title COMMUNICATIONS DIRECTOR  
Name PEREIRA SAIGG, LIBIA  
Address 8201 THAMES BLVD  
APT B  
City-State-Zip: BOCA RATON FL 33433

**Continues on page 2**

*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:** MARCELO NETTO

**PRESIDENT**

**01/02/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            AUDITOR DIRECTOR  
Name            ALVES, ALEXANDER R  
Address         680 BROOKSHIRE DR  
City-State-Zip: DAVENPORT FL 33837