

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005770

**Entity Name:** CENTRO CRISTIANO RESTAURACION, INC.**Current Principal Place of Business:**1600 N CHICKASAW TRAIL  
ORLANDO, FL 32825**Current Mailing Address:**P O BOX 677788  
ORLANDO, FL 32867-7788 US**FEI Number:** 59-3219309**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SALDANA, MYRIAM  
1600 N CHICKASAW TRAIL  
ORLANDO, FL 32825 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	D
Name	PLUGUEZ, GEORGE
Address	PO BOX 677788
City-State-Zip:	ORLANDO FL 32825

Title	D
Name	ROMAN, LETICIA
Address	PO BOX 677788
City-State-Zip:	ORLANDO FL 32825

Title	D
Name	SALDANA, ELIUD
Address	PO BOX 677788
City-State-Zip:	ORLANDO FL 32825

Title	TREASURER
Name	RODRIGUEZ, SYLVETTE
Address	PO BOX 677788
City-State-Zip:	ORLANDO FL 32825

Title	PRESIDENT, PASTOR
Name	SALDANA, MYRIAM E
Address	P O BOX 677788
City-State-Zip:	ORLANDO FL 32867-7788

Title	SECRETARY
Name	GONZALEZ, MICHAEL
Address	P O BOX 677788
City-State-Zip:	ORLANDO FL 32867-7788

*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:** ELIUD SALDANA**DIRECTOR****06/14/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date