

2022 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 32825Title D
Name ROMAN, LETICIA
Address PO BOX 677788
City-State-Zip: ORLANDO FL 32825Title D
Name SALDANA, ELIUD
Address PO BOX 677788
City-State-Zip: ORLANDO FL 32825Title PRESIDENT, PASTOR
Name SALDANA, MYRIAM E
Address P O BOX 677788
City-State-Zip: ORLANDO FL 32867-7788Title SECRETARY
Name GONZALEZ, MICHAEL
Address P O BOX 677788
City-State-Zip: ORLANDO FL 32867-7788Title TREASURER
Name RODRIGUEZ, SYLVETTE
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****04/21/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date