

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

DOCUMENT# N94000002179

**Entity Name:** IGLESIA DEL NAZARENO CASA DE VIDA, INC.**Current Principal Place of Business:**2367 FORTUNE RD  
KISSIMMEE, FL 34744**Current Mailing Address:**2367 FORTUNE RD  
KISSIMMEE, FL 34744 US**FEI Number:** 59-3252595**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NIEVES, ANA  
2367 FORTUNE ROAD  
KISSIMMEE, FL 34744 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:** ANA NIEVES

05/10/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MORALES, HECTOR JUAN  
Address       13300 FAIRWAY GLEEN DR  
                APT 104  
City-State-Zip: ORLANDO FL 32824

Title           CHAIRMAN, SECRETARY  
Name           NIEVES, ANA  
Address       3278 BREWSTER DR  
City-State-Zip: KISSIMMEE FL 34743

Title           CHAIRMAN  
Name           RIVERA, LUIS  
Address       2579 TANNER TERRACE  
City-State-Zip: KISSIMMEE FL 34743

Title           CHAIRMAN  
Name           RIVERA, ZAYMARA  
Address       13300 FAIRWAY GLEEN DR  
                APTO 104  
City-State-Zip: ORLANDO FL 32824

Title           PRESIDENT  
Name           DIAZ, JUAN E  
Address       301 HOPEWELL MANOR RD  
City-State-Zip: PLANT CITY FL 33567

Title           CHAIRMAN  
Name           RAMOS, PEDRO  
Address       5325 COMANDER DR  
                APT 103  
City-State-Zip: ORLANDO FL 32822

Title           CHAIRMAN  
Name           ANRRIGUEZ, DOMINGO  
Address       1130 MUNSTER CT  
City-State-Zip: POINCIANA FL 34759

*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:** ANA NIEVES**SECRETARY**

05/10/2019

Electronic Signature of Signing Officer/Director Detail

Date