

**2017 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:**

PEREZ, SELIDETH  
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:** SELIDETH A. PEREZ-RIVERO

03/31/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           FIGUEROA, OSVALDO R  
Address        118 DAHLIA DR.  
City-State-Zip: KISSIMMEE FL 34743

Title           PRESIDENT  
Name           PEREZ, SELIDETH  
Address        1533 ELMWOOD AVE.  
City-State-Zip: KISSIMMEE FL 34744

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

Title           CHAIRMAN  
Name           RAMOS, PEDRO  
Address        2338 CORDOVA CT  
City-State-Zip: KISSIMMEE FL 34743

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

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

Title           CHAIRMAN  
Name           RIVERA, ZAYMARA  
Address        3001 LAUREL RUN LANE  
                  # 306  
City-State-Zip: KISSIMMEE FL 34741

Title           CHAIRMAN  
Name           FIGUEROA, TANYA  
Address        5009 MARINA DR  
City-State-Zip: ST. CLOUD FL 34771

*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**

03/31/2017

Electronic Signature of Signing Officer/Director Detail

Date