

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003119

Entity Name: CENTRO CRISTIANO BERIT, INC.**Current Principal Place of Business:**3007 NEW LIFE WAY
SEBRING, FL 33872**Current Mailing Address:**3007 NEW LIFE WAY
SEBRING, FL 33872**FEI Number:** 65-0922237**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIVERA, JOSE A
4225 NAVARRE AVE.
SEBRING, FL 33872-2128 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	TREASURER
Name	MORALES, YOLANDA
Address	3000 VILLA RD APT 37
City-State-Zip:	SEBRING FL 33870

Title	SECRETARY
Name	EMMA , CRUZ
Address	3813 SANTIAGO ST
City-State-Zip:	SEBRING FL 33872

Title	DIRECTOR
Name	RIVERA, JOSE A
Address	4225 NAVARRE AVENUE
City-State-Zip:	SEBRING FL 33872

Title	ASST. SECRETARY
Name	MALDONADO, ROBERTO
Address	2418 PINEWOOD BLVD
City-State-Zip:	SEBRING FL 33870

Title	ASST. TREASURER
Name	JUANA, ROBLES
Address	3000 VILLA RD APT 43
City-State-Zip:	SEBRING FL 33870

Title	DEACONESS
Name	RIVERA, SONIA M
Address	4225 NAVARRE AVE
City-State-Zip:	SEBRING FL 33872

Title	DEACON
Name	VALENTIN, JOSE A
Address	2411 PASCO DR
City-State-Zip:	SEBRING FL 33870

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: JOSE A RIVERA**DIRECTOR****05/01/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date