

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000003986

Entity Name: FUNDACION DE AMERICA CORPORATION**Current Principal Place of Business:**C/O PASTOR KIRSTEN MCKEAN
210 NORTH WESTMONTE DR. 1002
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**1180 GREEN VISTA CIR
APOPKA, FL 32712 US**FEI Number:** 46-0679365**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCKEAN, KIRSTEN PASTOR
C/O PASTOR KIRSTEN MCKEAN
210 NORTH WESTMONTE DR. 1002
ALTAMONTE SPRINGS, FL 32714 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 CP
Name MCKEAN, KIRSTEN PASTOR
Address 315 SCHMIDT PLACE
City-State-Zip: FORDS NJ 08863Title D
Name MEJIA, CHRISTIAN
Address 1322 REAGAN RESERVE BLVD
City-State-Zip: APOPKA FL 32712Title VP
Name POLANCO, JEAN
Address 315 SCHMIDT PLACE
City-State-Zip: FORDS NJ 08863Title VC
Name AYALA, EDWIN
Address 366 LAWRIE ST
City-State-Zip: PERTH AMBOY NJ 08861Title D
Name MEJIA, SAMANTHA
Address 1322 REAGAN RESERVE BLVD
City-State-Zip: APOPKA FL 32712Title S
Name CHAHIN, GUILLERMINA
Address 315 SCHMIDT PLACE
City-State-Zip: FORDS NJ 08863

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: PASTOR KIRSTEN MCKEAN

CEO

09/06/2018

Electronic Signature of Signing Officer/Director Detail_____
Date