

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000002317

**Entity Name:** ELYON HOUSE OF BREAD: FOOD PANTRY AND SHELTER INC.**Current Principal Place of Business:**9627 PASO FINO LANE  
CLERMONT, FL 34711**Current Mailing Address:**9627 PASO FINO LANE  
CLERMONT, FL 34711 US**FEI Number:** 86-3176780**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORIANO, GILBERTO  
9627 PASO FINO LANE  
CLERMONT, FL 34711 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            PRESIDENT  
Name            CORIANO, GILBERTO  
Address        9627 PASO FINO LANE  
City-State-Zip: CLERMONT FL 34711

Title            VICE PRESIDENT  
Name            CORIANO, CHARITO  
Address        9627 PASO FINO LANE  
City-State-Zip: CLERMONT FL 34711

Title            BOARD OF DIRECTOR  
Name            RIVERA, PERLA  
Address        9627 PASO FINO LANE  
City-State-Zip: CLERMONT FL 34711

Title            BOARD OF DIRECTOR  
Name            CORIANO, BRENDAN ALEX  
Address        2449 MARTHA DR  
City-State-Zip: LAKE WALES FL 33898

Title            BOARD OF DIRECTOR  
Name            PIZARRO VAZQUEZ, NATHALIE  
Address        11857 CARUSO DRIVE  
City-State-Zip: CLERMONT FL 34711

Title            O  
Name            CORIANO, GILBERTO  
Address        9627 PASO FINO LANE  
City-State-Zip: CLERMONT FL 34711

Title            SECRETARY  
Name            MASSARI, JENNYFER  
Address        424 GRAVEL ST  
City-State-Zip: MERIDEN CT 06450

Title            BOARD OF DIRECTOR  
Name            DIAZ, JIMMY  
Address        87 MYRTLE ST  
City-State-Zip: MERIDEN CT 06450

**Continues on page 2**

*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:** GILBERTO CORIANO**PRESIDENT****03/21/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	TREASURER	Title	BOARD OF DIRECTOR
Name	FIGUEROA, BLANCA	Name	CORNIEL, MARINO ANTONIO
Address	6776 77 AVE	Address	520 E 137TH ST APT 2-I
City-State-Zip:	PINELLAS FL 33781	City-State-Zip:	BRONX NY 10454