

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N21000002317

**Apr 08, 2024**

**Entity Name:** ELYON HOUSE OF BREAD: FOOD PANTRY AND SHELTER INC.

**Secretary of State  
7418634238CC**

**Current Principal Place of Business:**

12152 WOODGLEN CIR  
CLERMONT, FL 34711

**Current Mailing Address:**

PO BOX 121382  
CLERMONT, FL 34712 US

**FEI Number: 86-3176780**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CORIANO, GILBERTO  
12152 WOODGLEN CIR  
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        12152 WOODGLEN CIR  
City-State-Zip: CLERMONT FL 34711

Title            VICE PRESIDENT  
Name            CORIANO, CHARITO  
Address        12152 WOODGLEN CIR  
City-State-Zip: CLERMONT FL 34711

Title            BOARD OF DIRECTOR  
Name            RIVERA, PERLA  
Address        12152 WOODGLEN CIR  
City-State-Zip: CLERMONT FL 34711

Title            BOARD OF DIRECTOR  
Name            CORIANO, BRENDAN ALEX  
Address        4257 UNDERPASS RD  
City-State-Zip: MASCOTTE FL 43753

Title            BOARD OF DIRECTOR  
Name            PIZARRO VAZQUEZ, NATHALIE  
Address        1601 JOHNS LAKE RD  
                  APT 1111  
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

Title            BOARD OF DIRECTOR  
Name            CORNIEL, MARINO ANTONIO  
Address        520 E 137TH ST  
                  APT 2-I  
City-State-Zip: BRONX NY 10454

*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**

**04/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date