

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
May 01, 2003 8:00 am  
Secretary of State

0040776

05-01-2003 90781 045 \*\*\*\*70.00

**DOCUMENT # N02000006648**

1. Entity Name

**SANTO NINO DEVOTION OF PALM BEACH COUNTY, INC.**



Principal Place of Business

**6503 BARTON CREEK  
LAKE WORTH FL 33463**

Mailing Address

**6503 BARTON CREEK  
LAKE WORTH FL 33463**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-110169**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MANUBAG, WILLIAM  
6503 BARTON CREEK  
LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>MANUBAG, WILLIAM</b>	
STREET ADDRESS	<b>6503 BARTON CREEK</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	
TITLE	<b>VCD</b>	<input type="checkbox"/> Delete
NAME	<b>LOPEZ, OPHELIA</b>	
STREET ADDRESS	<b>5208 FOX TRACE</b>	
CITY-ST-ZIP	<b>W. PALM BCH FL 33417</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, FLOR</b>	
STREET ADDRESS	<b>1574 YARMOUTH AVE.</b>	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>DE GUZMAN, LEONORA</b>	
STREET ADDRESS	<b>4801 SABLE PINE CENTER</b>	
CITY-ST-ZIP	<b>W. PALM BCH FL 33414</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHAVEZ, ALBERT</b>	
STREET ADDRESS	<b>6495 CHASEWOOD DR. E</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HABAGAG, JIMMY</b>	
STREET ADDRESS	<b>390 S. SEQUIOA DR.</b>	
CITY-ST-ZIP	<b>W. PALM BCH FL 33409</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

4/25/03

(561) 963-0724

CR2E037 (10/02)