

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004248

FILED  
Mar 19, 2004  
Secretary of State

**Entity Name:** CONVENT OF MERCY ACADEMY "ALPHA" ASSOCIATION, INC.

**Current Principal Place of Business:**

6915 S.W. 139 PLACE  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

6915 S.W. 139 PLACE  
MIAMI, FL 33183

**New Mailing Address:**

**FEI Number:** 65-0610228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AZAN, OLGA J  
6915 S.W. 139 PLACE  
MIAMI, FL 33183 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: AZAN, OLGA J  
Address: 6915 S.W. 139 PLACE  
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete  
Name: CHIN, JUNE  
Address: 11534 S.W. 127 COURT  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: CHIN, MELANIE  
Address: 12650 S.W. 190 STREET  
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete  
Name: LEE, PATRICIA  
Address: 15450 SW 158 STREET  
City-St-Zip: MIAMI, FL 33187

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: OLGA AZAN

D

03/19/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date