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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000005914**

1. Corporation Name
IMMACULATE CONCEPTION FOUNDATION, INC.

Principal Place of Business	Mailing Address
503 DELANNOY AVENUE COCOA FL 32922	503 DELANNOY AVENUE COCOA FL 32922

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 10/15/1998

4. FEI Number: 59-3551363 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HENRIQUEZ, A A
503 DELANNOY AVENUE
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HENRIQUEZ, A A		1.2 NAME		
STREET ADDRESS	503 DELANNOY AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32922		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ESPINAL, FELIX		2.2 NAME		
STREET ADDRESS	12042 CAROLINA WOODS LN.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32824		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, JUANA		3.2 NAME		
STREET ADDRESS	14124 LORD BARCLAY DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHADWICK, NAGALIS		4.2 NAME		
STREET ADDRESS	3227 E. FOREST HILL DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32803		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MANRIQUE, ROGELIO		5.2 NAME		
STREET ADDRESS	408 E. RIDGEWOOD STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, ANTONIO		6.2 NAME		
STREET ADDRESS	435 DOUGLAS AVENUE STE. 1905-E		6.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A.A. HENRIQUEZ SIGNATURE REQUIRED 1/5/99 407-631-6995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #