

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90292 005 ****61.25

DOCUMENT # N98000005914

1. Entity Name

IMMACULATE CONCEPTION FOUNDATION, INC.



Principal Place of Business

**503 DELANNOY AVENUE
COCOA FL 32922**

Mailing Address

**503 DELANNOY AVENUE
COCOA FL 32922**

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 **59-3551363**

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

**HENRIQUEZ, A A
503 DELANNOY AVENUE
COCOA FL 32922**

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

TITLE **D** ☐ Delete
NAME **HENRIQUEZ, A A**
STREET ADDRESS **503 DELANNOY AVENUE**
CITY-ST-ZIP **COCOA FL 32922**

TITLE **D** ☐ Delete
NAME **ESPINAL, FELIX**
STREET ADDRESS **12042 CAROLINA WOODS LN.**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **D** ☐ Delete
NAME **HERNANDEZ, JUANA**
STREET ADDRESS **14124 LORD BARCLAY DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete
NAME **BURSIA, HENRY**
STREET ADDRESS **555 RIVER MOORINGS DRIVE**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **D** ☒ Delete
NAME **RODRIGUEZ, LUIS**
STREET ADDRESS **2952 VALENCIA GROVE LANE**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **D** ☐ Delete
NAME **PUELLO, RICHARDO**
STREET ADDRESS **5772 LYNCH DR**
CITY-ST-ZIP **MARIANNA FL 32446**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

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