

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008945

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC2182958418**

**Entity Name:** CONFRATERNIDAD DE ESPOSAS DE PASTORES Y MISIONERAS INC

**Current Principal Place of Business:**

12621 BALCOMBE RD  
ORLANDO, FL 32837

**Current Mailing Address:**

12621 BALCOMBE RD  
ORLANDO, FL 32837 US

**FEI Number: 46-3647747**

**Certificate of Status Desired: Yes**

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

PERDOMO, ALEXANDRA MIS  
12621 BALCOMBE RD  
ORLANDO, FL 32837 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 PD  
Name PERDOMO, ALEXANDRA MIS  
Address 12621 BALCOMBE RD  
City-State-Zip: ORLANDO FL 33837

Title SD  
Name SOTO, AGRIPINA MIS  
Address 325 SAMUEL STREET  
City-State-Zip: DAVENPORT FL 33897

Title TD  
Name LOZADA, SANDRA  
Address 234 SAN GABRIEL ST  
City-State-Zip: WINTER SPRING FL 32708

Title VD  
Name HERRERA, MIRIAM  
Address 826 SPRING OAK CIR  
City-State-Zip: ORLANDO FL 32828

Title VD  
Name ROSARIO, BRENDA I  
Address 2426 SHELBY CIRCLE  
City-State-Zip: KISSIMMEE FL 34743

*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: ALEXANDRA PERDOMO**

**PD**

**04/30/2015**

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

\_\_\_\_\_  
Date