

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008945

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC0292749320**

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

**Current Principal Place of Business:**

4940 HOFFNER AVE.  
ORLANDO, FL 32812

**Current Mailing Address:**

4940 HOFFNER AVE.  
ORLANDO, FL 32812

**FEI Number: 46-3647747**

**Certificate of Status Desired: Yes**

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

PERDOMO, ALEXANDRA MIS  
4940 HOFFNER AVE.  
ORLANDO, FL 32822 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 P  
Name PERDOMO, ALEXANDRA MIS  
Address 4940 HOFFNER AVE  
City-State-Zip: ORLANDO FL 33812

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

Title T  
Name RODRIGUEZ, ELOISA M MIS  
Address 123 FIRST STREET, SOUTH  
City-State-Zip: HAINE CITY FL 33844

Title MEMBER  
Name ORTIZ, ADALGISA MIS  
Address 4483 REAL CT.  
City-State-Zip: ORLANDO FL 32808

Title MEMBER  
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

04/29/2014

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

\_\_\_\_\_  
Date