

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000011559

**Entity Name:** OUR LADY OF GUADALUPE FAMILY LIFE CENTER INC

**Current Principal Place of Business:**

5078 JOHN PAUL BLVD  
STE 300  
AVE MARIA, FL, AL 34142

**Current Mailing Address:**

4977 HEMINGWAY TERRACE  
AVE MARIA, FL 34142

**FEI Number: 87-2924424**

**Certificate of Status Desired: No**

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

FEIN, MARK J  
4977 HEMINGWAY TERRACE  
AVE MARIA, FL 34142 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 FEIN, MARK J  
Address 4977 HEMINGWAY TERRACE  
City-State-Zip: AVE MARIA FL 34142

Title O  
Name ALTOMARE, ANN-MARIE D  
Address 5181 ROMA ST  
City-State-Zip: AVE MARIA FL 34142

Title O  
Name IEPSON, ROSEANITA C  
Address 5225 MILANO ST  
City-State-Zip: AVE MARIA FL 34142

Title O  
Name RADZIK, MARGARET E  
Address 5101 DAVINCI WAY  
City-State-Zip: AVE MARIA FL 34142

Title T  
Name FORERO, LUIS G  
Address 5141 DAVINCI WAY  
City-State-Zip: AVE MARIA FL 34142

Title OTHER  
Name FAMILIES ASPIRING IN TRUTH AND  
HOLINESS CATHOLIC HOME  
EDUCATION FAITHCHEC  
Address 4977 HEMINGWAY TERRACE  
City-State-Zip: AVE MARIA FL 34142

*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: MARK FEIN**

**PRESIDENT**

**04/01/2023**

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

\_\_\_\_\_  
Date