

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2008 8:00 am**  
**Secretary of State**

07-31-2008 90044 009 \*\*\*\*61.25

**DOCUMENT # 704364**

1. Entity Name  
**SAINT MARGARET'S CHURCH, INC.**



Principal Place of Business  
**15650 MIAMI LAKEWAY, N  
MIAMI LAKES, FL 33014 US**

Mailing Address  
**15650 MIAMI LAKEWAY, N  
MIAMI LAKES, FL 33014 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06232008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1481365**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON VARELA, JUDITH  
14352 N.W. 83RD AVENUE  
MIAMI LAKES, FL 33016**

Name **Dott, Wayne**

Street Address (P.O. Box Number is Not Acceptable)  
**6501 Main Street Suite 9-108**

City **Miami Lakes**

FL

Zip Code  
**33014**

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

**Filing Fee is \$61.25  
Due by September 12, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **DOTT, CATHERINE**  
CITY-ST-ZIP **6501 MAIN STREET SUITE 9-108  
MIAMI LAKES, FL 33014**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **ELLIS, YVONNE**  
CITY-ST-ZIP **6121 SOUTHWEST 39 STREET  
MIRAMAR, FL 33023**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FOSTER, TIMOTHY**  
CITY-ST-ZIP **4984 SW 166TH AVENUE  
MIRAMAR, FL 33027**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **HARRIS, LORRAINE**  
CITY-ST-ZIP **1851 NW 170TH ST  
MIAMI, FL 33056**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **DECARREAU, PAM**  
CITY-ST-ZIP **11511 NW 29 STREET  
SUNRISE, FL 33323**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **GORACZKO, ANN**  
CITY-ST-ZIP **1729 N.E. 178 ST  
NORTH MIAMI BEACH, FL 33162**

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

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Foot, Charles**  
CITY-ST-ZIP **7141 Miami Lakes Dr. Apt 0-11  
Miami Lakes, FL. 33014**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Foster Timothy**  
CITY-ST-ZIP **780 NE 69 St # 1007  
Miami, FL. 33138**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Evans, Guy**  
CITY-ST-ZIP **17930 NW 79 Court  
Miami, FL. 33015**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Mathews, Justin**  
CITY-ST-ZIP **1400 SW 137 Ave., F-132  
Pembroke Pines, FL. 33027**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Ola, Michael**  
CITY-ST-ZIP **12822 S.W. 53 Court  
Miramar, FL. 33027**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #