2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 11, 2005 8:00 am **Secretary of State DOCUMENT # 752900** 1. Entity Name 03-11-2005 90302 017 ****70.00 RELIGIOUS OF THE APOSTOLATE OF FLORIDA, INC. Principal Place of Business Mailing Address 3367 S.W. 1ST AVENUE 3367 S.W. 1ST AVENUE MIAMI FL 33145-3901 MIAMI FL 33145-3901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 65-0225746 Not Applicable Zip , Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Plasencia, Sister Gloria VELAZQUEZ, ALICIA Street Address (P.O. Box Number is Not Acceptable) 300-NW-28-AVENUE MIAMI FL 33125-5056 SW City Zip Code 33/45-390 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. MARCH 7,2005 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regured when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TiJLE TITLE ☐ Change Delete ☐ Addition VELAZQUEZ, ALICIA VELAZQUEZ, ALICIA NAME NAME 3367 S.W I AVE 300-N:W-20TH-AVE STREET ADDRESS STREET ADDRESS MIGHI Fl. 33/45-3901 MIAMI FL 33125-5056 CITY-ST-ZIP CITY-ST-ZIP DELGHUO, Mariadel Rosaine Change Delete TITLE DELGADO, MARIA DEL R. NAME NAME 3367 S.W I AVE 300 N.W. 28TH-AVE. STREET ADDRESS STREET ADDRESS Mani, Fl. 33145-3901 MIAMI FL CITY-ST-ZIP CITY - ST - 7iP TITLE Delete HILE ☐ Change ☐ Addition BERMUDEZ, FLORINDA NAME NAME 300 N.W. 28TH AVE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITEE ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete porti. "I sta riganda" : NAME NAME , , STREET ADDRESS STREET ADDRESS े जिल्ला शाना मा मेला है । CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED