

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752900

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** RELIGIOUS OF THE APOSTOLATE OF FLORIDA, INC.

**Current Principal Place of Business:**

2160 SW 16 AVE  
APT #320  
MIAMI, FL 331452871 US

**New Principal Place of Business:**

**Current Mailing Address:**

2160 SW 16 AVE  
APT #320  
MIAMI, FL 331452871 US

**New Mailing Address:**

**FEI Number:** 65-0225746

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GALLO, CLARA Y  
2160 S.W. 16 AVE APT #303  
MIAMI, FL 331452871 US

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

GALLO, CLARA Y  
2160 S.W. 16 AVE APT #320  
MIAMI, FL 331452871 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:

01/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: VELAZQUEZ, ALICIA  
Address: 2160 SW 16 AVE #320  
City-St-Zip: MIAMI, FL 331452871

Title: P ( ) Delete  
Name: DELGADO, MARIA DEL R.  
Address: 2160 SW 16 AVE APT #320  
City-St-Zip: MIAMI, FL 331452871

Title: S ( ) Delete  
Name: GALLO, CLARA Y  
Address: 2160 SW 16 AVE APT #320  
City-St-Zip: MIAMI, FL 331452871

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SISTER MARIA DEL ROSARIO DELGADO, R.A.

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date