

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90043 015 ****71.25

DOCUMENT # 762579

1. Entity Name
LA DIVINA PROVIDENCIA EPISCOPAL CHURCH INC.



Principal Place of Business
**5300 WEST 16TH AVENUE
HIALEAH, FL 33012 US**

Mailing Address
**9491 EVERGREEN PLACE
APT. 303
FT. LAUDERDALE, FL 33324**

40009486



02012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2252963

Applied For
Not Applicable

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

**BLASCO-BUEHLER, NATALIE
9491 EVERGREEN PLACE
APT. 303
FT. LAUDERDALE, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, BRAULIO 9134 S.W. 180TH STREET PALMETTO BAY, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, JOSE 3372 W 14 COURT HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE PABLO, JOSE L 2559 WEST 8TH COURT HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALBINO, LOREDO 260 W 40 PLACE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLASCO, CARMEN 9491 EVERGREEN PLACE, APT 303 FT. LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, MARIA T 3372 WEST 14TH COURT HIALEAH, FL 33012

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IN THIS SPACE**

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.

SIGNATURE: Natalie Blasco-Buehler/Natalie Blasco-Buehler 2/2/05 954-915-8572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #