

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90218 039 ****61.25

DOCUMENT # 763966

1. Entity Name

SHRINE OF OUR LADY OF REGLA, INC.



Principal Place of Business

1920 S.W. 6 ST.
MIAMI FL 33135-3208
US

Mailing Address

1920 S.W. 6 ST.
MIAMI FL 33135-3208
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1102060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOBO, REV. MICHAEL F.
1920 SW 6TH ST.
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE PD ☐ Delete
NAME LOBO, REV. MICHAEL F
STREET ADDRESS 1920 SW 6TH ST
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ Delete
NAME JOO, PEDRO S
STREET ADDRESS 2630 SW 33RD CT.
CITY-ST-ZIP MIAMI FL 33133-2808

TITLE TD ☐ Delete
NAME CAMOIRA, CARMEN
STREET ADDRESS 3146 SW 22 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete
NAME ROBIE, BRUCE W.
STREET ADDRESS 2163 NE 179TH ST
CITY-ST-ZIP MIAMI FL 33162

TITLE D ☒ Delete
NAME ROJAS, JOHNNY G.
STREET ADDRESS 9140 FOUNTAINBLEAU BLVD, #504
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME Mercedes Chavez
STREET ADDRESS 2365 SW 16 Street
CITY-ST-ZIP Miami, FL 33145

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rev. Michael F. Lobo*

4/25/06 305-642-7878