

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

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

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 (Applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 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 PD ☐ Delete  
NAME LOBO, REV. MICHAEL F.  
STREET ADDRESS 1920 SW 6TH ST  
CITY-STATE-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000838524  
CITY-STATE-ZIP 03/05/08-80034-012 61.25

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

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

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

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

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

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

TITLE D ☐ Delete  
NAME CHAVEZ, MERCEDES  
STREET ADDRESS 2365 SW 16TH ST  
CITY-STATE-ZIP MIAMI FL 33145

TITLE TD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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* 2/20/08 305-642-7878