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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764453 (7)

1. Corporation Name
MYSTICAL ROSE PRAESIDIUM OF THE LEGION OF MARY,
INC.

Principal Place of Business

Mailing Address

MARY, INC.
129 ALMERIA AVENUE
CORAL GABLES FL 33134

3251 S.W. 60 AVE.
MIAMI FL 33155
US

3. Date Incorporated or Qualified

08/05/1982

4. FEI Number

59-0761894

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 129 Almeria

26 3251 S.W. 60 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Coral Gables FL

28 MIAMI FL

24 Zip 33134

25 Country Code

29 Zip 33155

30 Country U.S.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRAKE, ROBERT M.
1830 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS
NAME ZARZECKI, MARY
STREET ADDRESS 3251 SW 60 AVE
CITY-ST-ZIP MIAMI FL

TITLE VD
NAME KARCH, REGINA
STREET ADDRESS 411 NW 59 COURT
CITY-ST-ZIP MIAMI FL

TITLE TD
NAME COMPANA, CECILIA
STREET ADDRESS 5810 SW 26 ST.
CITY-ST-ZIP MIAMI FL

TITLE D
NAME MORRAS, XAVIER
STREET ADDRESS 1270 ANASTASIA
CITY-ST-ZIP CORAL GABLES FL

TITLE PD
NAME OBREGON, AMERICA
STREET ADDRESS 4231 S. W. 58 AVENUE
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TD
Ramos, Gladys
6102 S.W. 13 Terr.
Miami, FL 33144

PD
Proctor, Ralph
3408 Segovia St.
Coral Gables, Fl. 33134

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Zarzecki Mary Zarzecki Feb 24, 1998 667-8142

CR2E037 (10/97)