2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

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1. Entity Name
FEDERACION DE INSTITUTOS PASTORALES, INC.

Principal Place of Business	Mailing Address
7700 SW 56 STREET MIAMI, FL 33155	7700 SW 56 STREET MIAMI, FL 33155

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01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1082669
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

J. PATRICK FITZGERALD
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000469759
03/27/06-80014-001 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FATHER MARIO VIZCAINO, SCH.P.
STREET ADDRESS	7700 SW 56 STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	SD
NAME	LORENZO, NELLY
STREET ADDRESS	6525 N. SHERIDAN RD.
CITY-ST-ZIP	CHICAGO, IL 60626
TITLE	TD
NAME	CALDERON, REV. JUAN LUIS
STREET ADDRESS	545 35TH ST.
CITY-ST-ZIP	UNION CITY, NJ 07087
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. Mario Vizcaino S.C.P. REV. MARIO VIZCAINO SCH.P. 3-13-06 305-279-2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #