

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # N00000005625

1. Entity Name
FEDERACION DE INSTITUTOS PASTORALES, INC.



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

Mailing Address
7700 SW 56 STREET
MIAMI, FL 33155



02272007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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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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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000661719

03/20/07 00052 003 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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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-07

Date

305-279-2333

Daytime Phone #

REV. MARIO VIZCAINO, SCH.P.