

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006955

FILED  
Mar 01, 2007  
Secretary of State

**Entity Name:** INSTITUTE OF SPIRITUAL FORMATION JOHN PAUL II, INC.

**Current Principal Place of Business:**

500 N.W. 22 AVE  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

500 N.W. 22 AVE  
MIAMI, FL 33125

**New Mailing Address:**

P.O.BOX 141707  
CORAL GABLES, FL 331141707

**FEI Number:** 41-2134686

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE LOS REYES, RAFAEL  
5750 SW 45 TERR  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

DE LOS REYES, RAFAEL A  
5750 SW 45 TERR  
MIAMI, FL 33155 US

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.

SIGNATURE: RAFAEL A. DE LOS REYES

03/01/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TS ( ) Delete  
Name: DE LOS REYES, RAFAEL  
Address: 5750 SW 45 TERR  
City-St-Zip: MIAMI, FL 33155

Title: TT ( ) Delete  
Name: FUENTE, JOSE E  
Address: 8950 SW 156 ST  
City-St-Zip: MIAMI, FL 33157

Title: TP ( ) Delete  
Name: VILLALTA, ANTONIO L  
Address: 4475 SW SUNSET CAY CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL A. DE LOS REYES

TS

03/01/2007

Electronic Signature of Signing Officer or Director

Date