2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

DOCUMENT # N0400004374 1. Entity Name THE EPISCOPAL CURSILLO MOVEMENT ON THE DIOCESE OF SOUTHEAST FL INC					•	02-25-200	_	01 St 2 039 ****6		
8895 N MILI	e of Business TARY TRAIL 205C ARDENS, FL 33410	Mailing Address 8895 N MILITARY TRAIL 205C PALM BCH GARDENS, FL 33410				E 10 C ri ti o a	ar ah ar ah ar ah cah	16 0 18 17 1 80	31 837 81 1417 (81 7) 6 17	CHTO DO ITON
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02192008	Chg-NP	CR2I	E037 (12/06)	
City & State		City & State			4. FEI Numbe 59-1276			— <u>⊢</u>	oplied For ot Applicable	
Zip	Country Zip Co		untry		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current	Registered Agent -		<u> </u>		7. Name and	Address of Nev	w Register		
CDAY DE	EVES MARY ACRUDEA			Name	Beur	TTELL	Theme			
GRAY-REEVES, MARY ACRHDEA 8850 N MILITARY TRAIL 205C				Street Address (P.O. Box Number is Not Acceptable)						
PACW BOT	H GARDENS, FL 33410		81		5 NORTH MILITARY TRAIL SUITE 205 C					5 C
	_			City PA	um I	BEACH (GALJENS	F	L 33 u	6 10
8. The above the obligat	named entity submits this statement fitions of registered agent.	or the burbose of chang	ging its register ARCA	red office or	register	ed agent, or bot	th, in the State of	Florida. 1 a		and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registere			when reinstating)	<i>\</i>	DAT	E	-
	Filing Fee is \$61.25 Due by May 1, 2008	9. Electi Trust	(NOTE: Registers on Campaign I Fund Contribut	ed Agent signati	ura required	\$5.00 May Boundary Added to Fees	e F	Make ch	eck payable to partment of Si	tate
10.	Filling Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Electi Trust	on Campaign I Fund Contribut	ed Agent signati Financing ttion.	ure required	\$5.00 May Boundary Added to Fees	e	Make ch	eck payable to partment of St DIRECTORS IN	tate
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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.

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ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-08

954-450-7147

Daytime Phone #