

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011324

FILED
Apr 24, 2005
Secretary of State

Entity Name: FUNDACION HOGAR DE LA MISERICORDIA, INC.

Current Principal Place of Business:

7258 NW 66 STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7258 NW 66 STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OSORIO, FERNANDO O.
451 BERMUDA SPRING DRIVE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

OREJUELA, FERNANDO
451 BERMUDA SPRING DRIVE
WESTON, FL 33326 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: FERNANDO OREJUELA

04/24/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OSORIO, FERNANDO O.
Address: 7258 NW 66 STREET
City-St-Zip: MIAMI, FL 33166

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OREJUELA, FERNANDO O.
Address: 7258 NW 66 STREET
City-St-Zip: MIAMI, FL 33166

Title: P () Change (X) Addition
Name: GARRIDO, DIEGO J
Address: 451 BERMUDA SPRINGS DR
City-St-Zip: WESTON, FL 33326

Title: V () Change (X) Addition
Name: GONZALEZ, NESTOR
Address: 2534 GLOF VIEW DR
City-St-Zip: WESTON, FL 33327

Title: S () Change (X) Addition
Name: GRACIA, WILLIAM
Address: 19251 SW 30 ST
City-St-Zip: MIRAMAR, FL 33029

Title: T () Change (X) Addition
Name: LEZOTTE, FRANCIS
Address: 16118 SW 10 ST
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRANCIS LEZOTTE

T

04/24/2005

Electronic Signature of Signing Officer or Director

Date