

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002392

FILED  
Jul 22, 2007  
Secretary of State

**Entity Name:** HERMANDAD DEL SENOR DE LOS MILAGROS DE JACKSONVILLE INCORPORATED

**Current Principal Place of Business:**

4752 ASTRAL STREET  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

4752 ASTRAL STREET  
JACKSONVILLE, FL 32205

**New Mailing Address:**

**FEI Number:** 83-0456139      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CORDOVA, FRANCISCO  
4752 ASTRAL STREET  
JACKSONVILLE, FL 32205      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BARDALES, DOLORES  
Address: 8859 OLD KING RD., APT 513  
City-St-Zip: JACKSONVILLE, FL 32257

Title: V      ( ) Delete  
Name: ALFARO, LAZARO M  
Address: WINDSOR FOREST DR., APT 8  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S      ( ) Delete  
Name: ZAVALLA, ALEJANDRINA  
Address: 5752 ASTRAL ST  
City-St-Zip: JACKSONVILLE, FL 32205

Title: T      ( ) Delete  
Name: PALOMINO, CESAR  
Address: 4147 STILLWOOD DR  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D      ( ) Delete  
Name: CORDOVA, FRANCISCO  
Address: 4752 ASTRAL ST  
City-St-Zip: JACKSONVILLE, FL 32205

**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:

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 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: FRANCISCO CORDOVA

D

07/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date