2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N06000004344

Entity Name: FUNDACION CASA DE MISERICORDIA Y RESTAURACION, INC

Current Principal Place of Business:

1507 E. BOUGAINVILLEA AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 17973
TAMPA, FL 33682

New Mailing Address:

FEI Number: 20-4733029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARELA, ANGEL B
1507 E. BOUGAINVILLEA AVE
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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:	CARELA, ANGEL B	
Address:	1507 E. BOUGAINVILLEA AVE	
City-St-Zip:	TAMPA, FL 33612	
Title:	VP	( ) Delete
Name:	CARELA, GELMAR N	
Address:	1507 E. BOUGAINVILLEA AVE	
City-St-Zip:	TAMPA, FL 33612	
Title:	S	( ) Delete
Name:	ESPINOSA-LESTER, JACQUELINE	
Address:	4413 PINE MEADOW COURT	
City-St-Zip:	TAMPA, FL 33624	
Title:	T	( ) Delete
Name:	DE LA ROSA, JULIO C	
Address:	10105 BAY WIND COURT	
City-St-Zip:	TAMPA, FL 33615	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	GARCIA, ANGEL M	
Address:	8410 FOXCROFT DR.	
City-St-Zip:	TAMPA, FL 33615	
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: ANGEL CARELA P 01/14/2009

Electronic Signature of Signing Officer or Director — Date