

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004344

**FILED**  
**May 02, 2011**  
**Secretary of State**

**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  
Name: CARELA, ANGEL B  
Address: 1507 E. BOUGAINVILLEA AVE  
City-St-Zip: TAMPA, FL 33612

Title: VP  
Name: CARELA, GELMAR N  
Address: 1507 E. BOUGAINVILLEA AVE  
City-St-Zip: TAMPA, FL 33612

Title: S  
Name: RODRIGUEZ, CELIDE  
Address: 5551 SHASTA DEISY PL  
City-St-Zip: LAND O LAKE, FL 34639

Title: T  
Name: DE LA ROSA, JULIO C  
Address: 10105 BAY WIND COURT  
City-St-Zip: TAMPA, FL 33615

I hereby 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 all other like empowered.

SIGNATURE: ANGEL CARELA

P

05/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date