

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009604

FILED
Mar 05, 2008
Secretary of State

Entity Name: DISCALCED CARMELITE NUNS, INC.

Current Principal Place of Business:

4525 WEST 2 AVENUE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4525 WEST 2 AVENUE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 61-1554129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGERALD, J. PATRICK
C/O J. PATRICK FITZGERALD & ASSOCIATES P.A.
110 MERRICK WAY STE 3-B
CORAL GABLES, FL 33134 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: DP () Delete
Name: GALVAN, CRISTINA MOTHER
Address: 4525 WEST 2 AVENUE
City-St-Zip: HIALEAH, FL 33012

Title: DVP () Delete
Name: LOPEZ, TERESA MTHR MA
Address: 4525 WEST 2 AVENUE
City-St-Zip: HIALEAH, FL 33012

Title: DST () Delete
Name: TORRES, MARIA ALMA MOTHER
Address: 4525 WEST 2 AVENUE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: LOPEZ POZAS, MA TERESA
Address: 4525 WEST 2 AVENUE
City-St-Zip: HIALEAH, FL 33012

Title: DVP (X) Change () Addition
Name: CARACHEO ORTIZ, BLANCA F
Address: 4525 WEST 2 AVENUE
City-St-Zip: HIALEAH, FL 33012

Title: DS (X) Change () Addition
Name: REYES SANCHEZ, MARICELA
Address: 4525 WEST 2 AVENUE
City-St-Zip: HIALEAH, FL 33012

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: MA TERESA LOPEZ POZAS

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03/05/2008

Electronic Signature of Signing Officer or Director

Date