

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011853

FILED  
Apr 22, 2012  
Secretary of State

**Entity Name:** IGLESIA CATOLICA ANTIGUA SAN RAFAEL ARCANGEL, INC.

**Current Principal Place of Business:**

22378 SW 57TH CIRCLE  
BOCA RATON, FL 33428

**New Principal Place of Business:**

22378 SW 57TH CIRCLE  
BOCA RATON, FL 33428 UN

**Current Mailing Address:**

22378 SW 57TH CIRCLE  
BOCA RATON, FL 33428

**New Mailing Address:**

22378 SW 57TH CIRCLE  
BOCA RATON, FL 33428 UN

**FEI Number:** 45-4187030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FUENTES, RAFAEL E FATHER  
22378 SW 57 CIRCLE  
BOCA RATON, FL 33428 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: FUENTES, RAFAEL E FATHER  
Address: 22378 SW 57TH CIRCLE  
City-St-Zip: BOCA RATON, FL 33428

Title: AP  
Name: LEZAMA, JOSE V DEACON  
Address: 10880 EUREKA STREET  
City-St-Zip: BOCA RATON, FL 33428

Title: TR  
Name: FUENTES, CARMEN M MRS.  
Address: 22378 SW 57TH CIRCLE  
City-St-Zip: BOCA RATON, FL 33428

Title: SEC  
Name: SHEEN, CONSUELO MS.  
Address: 1240 NW 13TH STREET, APT.201  
City-St-Zip: BOCA RATON, FL 33486

Title: FA  
Name: BOBADILLA, ANA C MRS.  
Address: 1200 NW 13TH STREET, APT.107  
City-St-Zip: BOCA RATON, FL 33486

Title: SA  
Name: FISHER, ROUVILLE BISHOP  
Address: 10 WELLSIDE LANE  
City-St-Zip: PALM COAST, FL 32164

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: RAFAEL E. FUENTES

P

04/22/2012

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

\_\_\_\_\_  
Date