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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT #
1. Corporation Name N12278

(0)

KARDECIAN SPIRITIST CONGREGATION, INC.

Principal Place of Busi	noce	Mailing Address								
•		-	_							
1875 W. FLAGLER STREET P.O. BOX 524388		1875 W. FLAGLER STREET P.O. BOX 524388								
MIAMI FL 33135		MIAMI FL 33135-1939						····		
Marie C 44.44						3. Date Incorp 01/10	orated or Qualified /1986	3a. Date of 04/(Last Re)5/199	∌port }6
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Ap			plied For		
21		26				NOT APPLICABLE Not Applicable			t Applicable	
Suite, Apr. #, etc.		Suite, Apt. #, etc.				5. Certificate of	of Status Desired	1 7		Additional
22		27						Fee Re		
City & State		City & State					mpaign Financing			May Be
23 Zip	Country	26	Count	n.			Contribution		Added to	
	 -	— —			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes XX No					
24 Q Na	25 me and Address of Curren	29 29 Agent	30				Address of New Reg			
V. *10			8	1 Nar	16	10. 11			-	
COCINO DEDDO	,		_		· · · · · · · · · · · · · · · · · · ·					
COFINO PEDRO				82 Street Addre		ss (P.O. Box Nun	nber is Not Acceptable	e)		
2021 NERIDIAN			8	3						
MIAMI BEAC FL	33138		Ľ							
			8	4 City				FL 85	Zip C	Code
11. Pursuant to the or	avisions of Sections 617.050	2 and 617 1508. Florida Statu	ites, the abo	ve-nam	ed corpo	ration submits the	is statement for the p	urpose of cha	l naina its	s registered
office or registered	ovisions of Sections 617.050 d agent, or both, in the State ar with, and accept the obligi	of Florida. Such change was	authorized	by the c	orporation	n's board of dire	ctors. I hereby accep	t the appointn	ent as	registered
noone Lantinovilla										
ì	ir with, and accept the obliga	ations of, Section 617.0503, F	lorida Statut	198.						ļ
SIGNATURE								DATE		
SIGNATURE	lyped or printed name of registered age					d when reinstating)	CHANGES TO OFFIC	DATE		
SIGNATURESignature, i	lyped or printed name of registered age	ent and title if appricable. (NC	YE Registered A	gent signs		d when reinstating)		DATE ERS AND DIR		
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

6.4 CITY-ST-ZIP

MIAMI, FL

33172

CITY-ST-ZIP

MIAMI FL

MARIA O PEREZ-DSORIO, SEC/DIR

FILED

Mar 26 1997 8:00am

Secretary of State