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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Norman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:18

DOCUMENT # N12804 (3)

1. Corporation Name
JESUS, MARY AND JOSEPH FAMILY CENTER, INC.

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| C/O LEWIS D. MILLEDGE, JR. 6101 S.W. 76TH ST. S. MIAMI FL 33143 | C/O LEWIS D. MILLEDGE, JR. 6101 S.W. 76TH ST. S. MIAMI FL 33143 |

DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 12/27/1985 | 3a. Date of Last Report 04/20/1994 |
| 4. FEI Number 59-2653404 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--------------------------------|------------------------|--------|------------|
| 2. Principal Place of Business | 2a. Mailing Address | | |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | | |
| 22 City & State | 27 City & State | | |
| 24 Zip | 25 Country | 29 Zip | 30 Country |

9. Name and Address of Current Registered Agent
MILLEDGE, LEWIS D. JR.
6101 S.W. 76TH ST.
S. MIAMI FL 33143

10. Name and Address of New Registered Agent

| | | | | | |
|---------|---|----|---------|-------|----------|
| B1 Name | B2 Street Address (P.O. Box Number is Not Acceptable) | B3 | B4 City | FL B5 | Zip Code |
|---------|---|----|---------|-------|----------|

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------|
| TITLE | PD |
| NAME | HUESCA, REV. OMAR A. |
| STREET ADDRESS | 3405 NW 27TH AVE. |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | VD |
| NAME | SMITH, REV. DAVID |
| STREET ADDRESS | 106 SE 2ND ROAD |
| CITY - ST - ZIP | HOMESTEAD FL |
| TITLE | D |
| NAME | DURRE, SUSAN |
| STREET ADDRESS | 13904 S.W. 75 STREET |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|-------------------|---|
| 1.1 TITLE | VD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | VD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | SMITH, REV. DAVID | |
| 2.3 STREET ADDRESS | 540 N.W. 132 St. | |
| 2.4 CITY - ST - ZIP | MIAMI FL | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or comparable 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 officer 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.

SIGNATURE: *Rev. Omar A. Huesca*
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
 REV. OMAR A. HUESCA