


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N12804**  
 1. Entity Name  
**JESUS, MARY AND JOSEPH FAMILY CENTER, INC.**



|  |  |
|--|--|
| Principal Place of Business<br>C/O LEWIS D. MILLEDGE, JR.<br>4700 S.W. 74TH STREET<br>MIAMI, FL 33143-6117 | Mailing Address<br>C/O LEWIS D. MILLEDGE, JR.<br>4700 S.W. 74TH STREET<br>MIAMI, FL 33143-6117 |
|--|--|



01032005 No Chg-NP CR2E037 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-2653404                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**DO NOT WRITE IN THIS SPACE**

**8. Name and Address of Current Registered Agent**

MILLEDGE, LEWIS D. JR.  
 4700 S.W. 74TH STREET  
 MIAMI, FL 33143-6117

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HUESCA, REV. OMAR A.<br>3405 NW 27TH AVE.<br>MIAMI, FL 33142 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>SMITH, DAVID REV<br>3405 N.W. 27 AVE<br>MIAMI, FL 33142      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROBERTO, PUPO<br>3405 N.W. 27 AVE<br>MIAMI, FL 33142          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

1000000183790  
 01/20/05-80004-008 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **01/09/05 305-633-6009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #