


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

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



Principal Place of Business C/O LEWIS D. MILLEDGE, JR. 4700 S.W. 74TH STREET MIAMI, FL 33143-6117	Mailing Address C/O LEWIS D. MILLEDGE, JR. 4700 S.W. 74TH STREET MIAMI, FL 33143-6117
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01062006 No Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent
 MILLEDGE, LEWIS D. JR.
 4700 S.W. 74TH STREET
 MIAMI, FL 33143-6117

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

Filing Fee is \$61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUESCA, REV. OMAR A. 3405 NW 27TH AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, DAVID REV 3405 N.W. 27 AVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTO, PUFO 3405 N.W. 27 AVE MIAMI, FL 33142
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U00000403741
 02/06/06-80019-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: OMAR A. HUESCA **OMAR A. HUESCA** 01/18/2006 305-633-6009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #