


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # N12804 1. Entity Name JESUS, MARY AND JOSEPH FAMILY CENTER, INC.	
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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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01082008 No Chg-NP CR2E037 (4/06)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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, PUPO 3405 N.W. 27 AVE MIAMI, FL 33142
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 04/24/08-80048-007 61.25

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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** 02/20/08 305-302-3509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #