

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:56

DOCUMENT # **N29802** (8)

1. Corporation Name
OUR LADY OF SORROWS FOUNDATION, INC.

Principal Place of Business Mailing Address
C/O MR. L.E. SUMMERFIELD
10296 SW 137TH COURT
MIAMI FL 33186

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **12/20/1988** 3a. Date of Last Report **01/27/1994**
4. FEI Number **65-0087996** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required.
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SUMMERFIELD, L.E.
10296 SW 137TH COURT
MIAMI FL 33186

10. Name and Address of Now Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HENNEBERY, TIMOTHY
STREET ADDRESS	10296 SW 137TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	PUJALS, DR H ANDY
STREET ADDRESS	10296 SW 137TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	MCDONALD, MERCEDES
STREET ADDRESS	10296 SW 137TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	HENDERSON, DORTHY
STREET ADDRESS	10296 SW 137TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	SUMMERFIELD, L.E.
STREET ADDRESS	10296 SW 137TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: L.E. Summerfield **L.E. SUMMERFIELD** 1/23/94 (305) 527-4334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #