

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified 12/20/1988	3a. Date of Last Report 01/30/1995
4. FEI Number 65-0087996	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address State, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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9. Name and Address of Current Registered Agent

SUMMERFIELD, L.E.
10296 SW 137TH COURT
MIAMI FL 33186

10. Name and Address of New 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature of the principal officer or director of the corporation

Signature of Registered Agent (signature required when changed)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HENNEBERY, TIMOTHY	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10296 SW 137TH COURT	12 NAME	
STREET ADDRESS	MIAMI FL	13 STREET ADDRESS	
CITY-ST-ZIP	SD	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PUJALS, DR H ANDY	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10296 SW 137TH COURT	22 NAME	
STREET ADDRESS	MIAMI FL	23 STREET ADDRESS	
CITY-ST-ZIP	VD	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MCDONALD, MERCEDES	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10296 SW 137TH COURT	32 NAME	
STREET ADDRESS	MIAMI FL	33 STREET ADDRESS	
CITY-ST-ZIP	VD	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	HENDERSON, DORTHY	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10296 SW 137TH COURT	42 NAME	
STREET ADDRESS	MIAMI FL	43 STREET ADDRESS	
CITY-ST-ZIP	TD	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SUMMERFIELD, L.E.	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10296 SW 137TH COURT	52 NAME	
STREET ADDRESS	MIAMI FL	53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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 617, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L.E. SUMMERFIELD 1/31/95 (305) 589-4334
DATE DAY MONTH YEAR

CR2E037 (12/95)