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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N29802

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

Principal Place of Business  
 14 NW 48TH AVE  
 10296 SW 137TH COURT  
 MIAMI FL 33126  
 US

Mailing Address  
 14 NW 48TH AVE  
 MIAMI FL 33186  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0087996	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SUMMERFIELD, L.E. 14 NW 48TH AVE MIAMI FL 33126				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HENNEBERY, TIMOTHY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14 NW 48TH AVE	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD PUJALS, DR H ANDY	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7464 SW 93RD COURT	2.2 NAME	SD WILLIAM GREENE
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	14 NW 48TH AVENUE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL
TITLE	VD MCDONALD, MERCEDES	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	31 NW 48TH COURT	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD HARDING, MARIA ELENA B	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15500 NEW BARN RD	4.2 NAME	
STREET ADDRESS	MIAMI LAKES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD SUMMERFIELD, L.E.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14 NW 48TH AVE	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: L.E. SUMMERFIELD SIGNATURE REQUIRED JAN 7, 1999 (305) 385-6453  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)