


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N29802**  
 1. Entity Name  
**OUR LADY OF SORROWS FOUNDATION, INC.**




Principal Place of Business      Mailing Address  
**4801 NW FLAGLER STREET**      **14 NW 48TH AVE**  
**MIAMI FL 33134-1453**      **MIAMI FL 33126-5223**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)  
 4. FEI Number      Applied For  
**65-0087996**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SUMMERFIELD, L.E.</b> <b>14 NW 48TH AVE</b> <b>MIAMI FL 33126</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<b>FL</b> Zip Code

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 reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	HENNEBERY, TIMOTHY		NAME		
STREET ADDRESS	14 NW 48TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	GREENE, WILLIAM		NAME		
STREET ADDRESS	14 NW 48TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	FREEBY, STEVEN		NAME		
STREET ADDRESS	14 NW 48TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126-5223		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	HARDING, MARIA ELENA B		NAME		
STREET ADDRESS	15500 NEW BARN RD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SUMMERFIELD, L.E.		NAME		
STREET ADDRESS	14 NW 48TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

U00000431913  
 02/23/06-80049-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 \_\_\_\_\_