

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N29802

1. Entity Name

OUR LADY OF SORROWS FOUNDATION, INC.



Principal Place of Business

4801 NW FLAGLER STREET
MIAMI FL 33134-1453
US

Mailing Address

14 NW 48TH AVE
MIAMI FL 33126-5223
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
65-0087996

Applied For
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

SUMMERFIELD, L.E.
14 NW 48TH AVE
MIAMI FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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]

Signature, typed or printed name of registered agent (if not applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

FEB 7, 2008

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE PD ☐ Delete
NAME HENNEBERY, TIMOTHY
STREET ADDRESS 14 NW 48TH AVE
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ Delete
NAME GREENE, WILLIAM
STREET ADDRESS 14 NW 48TH AVE
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ Delete
NAME FREEBY, STEVEN
STREET ADDRESS 14 NW 48TH AVE
CITY-ST-ZIP MIAMI FL 33126-5223

TITLE VD ☐ Delete
NAME HARDING, MARIA ELENA B
STREET ADDRESS 15500 NEW BARN RD
CITY-ST-ZIP MIAMI LAKES FL

TITLE TD ☐ Delete
NAME SUMMERFIELD, L.E.
STREET ADDRESS 14 NW 48TH AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000822097
CITY-ST-ZIP 02/19/08-80053-015 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature] L E SUMMERFIELD FEB 8, 2008 305 418-8763