## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29802

FILED Jan 20, 2009 Secretary of State

Entity Name: OUR LADY OF SORROWS FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4801 NW FLAGLER STREET MIAMI, FL 331341453 US

Current Mailing Address: New Mailing Address:

14 NW 48TH AVE MIAMI, FL 331265223 US

FEI Number: 65-0087996 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SUMMERFIELD, L.E.
 SUMMERFIELD, L.E.

 14 NW 48TH AVE
 14 NW 48TH AVE

 MIAMI, FL 33126
 US

 MIAMI, FL 331265223
 US

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.

SIGNATURE: 01/20/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 HENNEBERY, TIMOTHY,
 Name:
 HENNEBERY, TIMOTHY,

 Address:
 14 NW 48TH AVE
 Address:
 14 NW 48TH AVE

 City-St-Zip:
 MIAMI, FL
 331265223 US

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition Name: GREENE, WILLIAM Name: GREENE, WILLIAM

 Address:
 14 NW 48TH AVE
 Address:
 14 NW 48TH AVE

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:
 MIAMI, FL
 331265223 US

Title: VD () Delete Title: VD (X) Change () Addition Name: FREEBY, STEVEN Name: FREEBY, STEVEN

 Name:
 FREEBY, STEVEN
 Name:
 FREEBY, STEVEN

 Address:
 14 NW 48TH AVE.
 Address:
 14 NW 48TH AVE.

 City-St-Zip:
 MIAMI, FL 331265223
 City-St-Zip:
 MIAMI, FL 331265223 US

Name:HARDING, MARIA ELENA BName:HARDING, MARIA ELENA BAddress:15500 NEW BARN RDAddress:15500 NEW BARN RD

City-St-Zip: MIAMI LAKES, FL 330181339 US

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 SUMMERFIELD. L.E.,
 Name:
 SUMMERFIELD. L.E.,

 Address:
 14 NW 48TH AVE
 Address:
 14 NW 48TH AVE

 City-St-Zip:
 MIAMI, FL
 331265223 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L E SUMMERFIELD DT 01/20/2009