

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

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90097 005 \*\*\*\*61.25

**DOCUMENT # N33607**

1. Entity Name

IGLESIA CASA DE REFUGIO, INC.



Principal Place of Business

216 WASHINGTON AVE  
HOMESTEAD FL 33030  
US

Mailing Address

PO BOX 1384  
HOMESTEAD FL 33090  
US

2. Principal Place of Business

216 Washington Ave.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1384

Suite, Apt. #, etc.

City & State

Homestead, Florida

City & State

Homestead, FL 33090

4. FEI Number

65-0138396

Applied For

Not Applicable

Zip

33030

Country

U.S.A.

Zip

33090

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, MANUEL JOSE  
15815 S.W. 304 TERR.  
LEISURE CITY FL 33033

7. Name and Address of New Registered Agent

Name

Same

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

*Manuel Dominguez*

02/14/06

(Signature, typed or printed name of registered agent and title if applicable)

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

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

TITLE D ☐ Delete  
NAME DOMINGUEZ, MANUEL JOSE  
STREET ADDRESS 15815 SW 304 TER  
CITY-ST-ZIP LEISURE CITY FL 33033

TITLE T ☐ Delete  
NAME MATEO, CARMEN H  
STREET ADDRESS 25325 SW 126TH CT  
CITY-ST-ZIP PRINCETON FL 33032

TITLE D ☐ Delete  
NAME TORRES, CARMEN L  
STREET ADDRESS 12334 SW 252 TERRACE  
CITY-ST-ZIP LEISURE CITY FL 33033

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

*Manuel Dominguez*

02/14/06 (786)247-4267 (Cell)