

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90196 010 ****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
P.O. BOX 901384
HOMESTEAD, FL 33090 US

60054000



DO NOT WRITE IN THIS SPACE

04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0138396

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-08

Date

Daytime Phone #