NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

N33717 **DOCUMENT #**

ST. MICHAEL THE ARCHANGEL LCC MISSION INC.

Principal Place of Business P.O. BOX 450095 SUNRISE FL 33345

Mailing Address

P O BOX 450095 SUNRISE FL 33345-0095

FILED Sep 22, 1999 8:00 am Secretary of State

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2. Principal Place of Business				2a 26	2a. Mailing Address				3.	3. Date Incorporated or Qualifed 08/15/1989								
21	Suite, Apt. #, etc.			26	Suite, Apt. #, etc.			4.	4. FEI Number					Applied For				
			27	<u> </u>				65-017	1754					Not	Applicable			
City & State			121	City & State			1			-		/	\$8.	75.Ad	ditional			
23			28	h-1 - 1				5.	. Certifcate	of Status	Desired			Fe	e Req	uired		
23	Zip			1-01			Countr	Country		6.	6. Election Campaign Financing					\$5	.00 N	lay Be
24		25		29	•	30]			-	Trust Fund	Contribu	tion	" ⊔		Ad	ded to	Fees
24			Address of Current		stered Agen		1		_	10.	. Name and	Address	s of New	Regis	tered A	gent		
						8	1	Name										
Breitenkam Henry R.						8:	2	Street Add	et Address (P.O. Box Number is Not Acceptable)									
		rside dr.					8:	<u>.</u>		-								
	APT. A-10						["	٦										
	CORAL SI	Prings FL 33	065				84	4	City						FL	85	Zip Co	de
<u> </u>												:t-t	for th			L	a ite e	agistered
111	office or re	oistered agent, d	of Sections 617.0502 or both, in the State on accept the obligati	af Pion	da. Such ch	ange was autn	ousea o	yτι	he corporat	tion's b	oard of direc	tors. I he	reby acc	ept the	appoint	ment.	as regi	stered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when								red when	reinstating)				ATE					
1:						13.												
TIT	rl ë	PD DELETE 1		1.1 TITLE								Chi	ange	Addition				
NA.	ME Í	TAMARGO, J	OSE A.				1.2 NAME	:	-									
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C.	TY-ST-ZIP	N. MIAMI BCH. FL		1.4 CITY-	ST-	-ZIP								-				
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NA.	ME)			2.2 NAME	Ξ)									ì			
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$\overline{}$	TLE	<u> </u>				3.1 TITLE									☐ Ch	ange	Addition	
N/A	WE	BINDER, WIL	LIAM				3.2 NAME	•	•									
ST	REET ADDRESS	4354 NW 9 A	AVE., BLDG. 13, 10)			3.3 STRE	ET/	ADDRESS									
Cr	TY-ST-ZIP		BEACH FL 33064				3.4. CITY	·ST	r-ziP									
	n.e					DELETE	4.1 TITLE									Ch	ange	☐ Addition
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ST	REET ADDRESS						6.3 STRE	ET:	ADDRESS									
	TV-ST-71P					i	6.4 CITY-	ST	-ZIP									

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trustees impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters, or on an attachment with an address, with all other like empowered.

SIGNATURE: