

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34988** (8)

1. Corporation Name

MINISTERIOS EL BUEN PASTOR, INC.



Principal Place of Business

**2850 SW 27 AVE
MIAMI FL 33133
US**

Mailing Address

**El Buen Pastor
P. O. BOX 350-1422
MIAMI FL 33135**

3. Date Incorporated or Qualified
10/31/1989

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

65-0223564

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GONZALEZ, OLGA L.
1101 SCARBOROUGH DR.
DAVE FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signatures, typed or printed name of registered agent and if filed, applicable

(Not L. Registered Agent signature required when new filings)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **RODRIGUEZ, LIDIA**
STREET ADDRESS **9981 NW 51ST LANE**
CITY-ST-ZIP **MIAMI FL**

TITLE **DS** ☒ DELETE
NAME **RIVERA, HECTOR**
STREET ADDRESS **15051 SW 103 LANE #4107**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **GONZALEZ, JULIO**
STREET ADDRESS **1101 SCARBOROUGH DR**
CITY-ST-ZIP **DAVE FL**

TITLE **DT** ☐ DELETE
NAME **GONZALEZ, MARIA DOLORES**
STREET ADDRESS **9867 NW 52 TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **Lidia Rodriguez** ☒ Change ☐ Addition
12 NAME **9940 N.W. 29 Terr.**
13 STREET ADDRESS **Miami, FL. 33172**
14 CITY-ST-ZIP

21 TITLE **DS** ☒ Change ☒ Addition
22 NAME **Ronaldo Miranda**
23 STREET ADDRESS **3565 N.W. 36 St.**
24 CITY-ST-ZIP **Apt. 702- Miami, FL. 33142**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maria Dolores Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/96 (305) 446-5549
Date Date/Time Phone #

CR2E037 (12/95)