

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 # N38250 (9)
1. Corporation Name
ALUMNI OF APOSTOLATE CHARITY FOUNDATION, INC.



Principal Place of Business

P.O. BOX 650721
MIAMI FL 33265
US

Mailing Address

P.O. BOX 650721
MIAMI FL 33265
US

3. Date Incorporated or Qualified
05/22/1990

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23

City & State

28

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE LARRAURI, MARY A.
1619 CORTEZ STREET
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DE LARRAURI, MARY A.
STREET ADDRESS
1619 CORTEZ STREET
CITY-STATE-ZIP
CORAL GABLES FL

TITLE ☐ DELETE

NAME
BRITO, R A MARIA
STREET ADDRESS
1310 W 42 PL
CITY-STATE-ZIP
HIALEAH FL

TITLE ☐ DELETE

NAME
DE SANCHEZ, ELENA Y.
STREET ADDRESS
3302 VILLAGE GREEN DR.
CITY-STATE-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
DE PENA, MARIA ANTONIA
STREET ADDRESS
10990 S.W. 59TH TERRACE
CITY-STATE-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
DE LUGALDE, MARIA ANTONIA R
STREET ADDRESS
2130 SW 122 COURT
CITY-STATE-ZIP
MIAMI FL 33175

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-STATE-ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-STATE-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96 P.M. (300) 271
4151
Date Daytime Phone #

CR2E037 (12/95)