

ANNUAL REPORT (AR)

DOCUMENT # N38250

1. Entity Name

ALUMNI OF APOSTOLATE CHARITY FOUNDATION, INC.



FILED
Mar 01, 2006 08:00 AM
Secretary of State

Principal Place of Business

P.O. BOX 650721
MIAMI FL 33265
US

Mailing Address

P.O. BOX 650721
MIAMI FL 33265
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEPERA, MARIA ATNONIA D
10990 S.W. 59TH TERR
MIAMI FL 33173

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME DE PENNA, MARIA ANTONIA
STREET ADDRESS 10990 S.W. 59TH TERRACE
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS UN00000451780
CITY-ST-ZIP 03/10/06-80067-018 61.25

TITLE D ☐ Delete
NAME DE LUGALDE, MARIA ANTONIA R
STREET ADDRESS 2130 SW 122 COURT
CITY-ST-ZIP MIAMI FL 33175

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

TITLE D ☐ Delete
NAME SAN PEDRO, BERTA
STREET ADDRESS 2727 SW 20 ST.
CITY-ST-ZIP MIAMI FL 33145

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

TITLE D ☐ Delete
NAME YORK DE SANCHEZ, ELENA
STREET ADDRESS 3302 VILLAGE GREEN DRIVE
CITY-ST-ZIP MIAMI FL 33175

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
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