## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N39021**

1. Corporation Name

SIGNATURE:

CONGREGATION OF THE FRENCH-CUBAN DOMINICAN SISTE RS OF THE HOLY ROSARY, INC.

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90076 034 \*\*\*\*61.25

Mailing Address S		THE HOLY ROSARY, INC.				
AMM FL 33165  MAMI FL 33165  MIAMI FL 33165  M	Principal Place	of Business	Mailing Address			
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Applied For Recommend Comment of Section 1						
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Sec.   S	Principal Pl	ace of Business	2a. Mailing Address		.=	3. Date Incorporated or Qualifed
City & State    City & State   City & State   Country   Zip   Added to Fee Required   St. 0.0 May Repair   Zip   Added to Fee Required   St. 0.0 May Repair   Zip	<u> </u>					
City & State    Zip   Country   Zip   Country   Zip   Country   6. Election Campaign Financing   \$5.00 May Be Acted to Fees	Suite, Apt. #, etc.		<b>⊢</b>	Suite, Apt. #, etc.		
28   Country   Zip   Country   Zip   Country   S. Conflictate of Status Destined   Fee Required   Fee Required   S. Conflictate of Status Destined   S. St. May Sis	01. 2.01-1					
### St. OD May Be   25   26   26   26   26   26   26   26	City & State			—————— ·		5 Codificate of Status Regired
9. Name and Address of Current Registered Agent  10. Name and Address of Now Registered Agent  11. Name and Address of Now Registered Agent  12. Name and Address of Now Registered Agent  13. Name and Address of Now Registered Agent  14. Name and Address of Now Registered Agent  15. Name and Address of Now Registered Agent  16. Name and Address of Now Registered Agent  17. Name and Address of Now Registered Agent  18. Street Address (P.O. Box Number is Not Acceptable)  18. S	Zip	Country		Cou	ntry	6. Election Campaign Financing 55.00 May Be
RINCON, MARIA I 8900 S.W. 19TH STREET MAMI FL 33165  1. Pursuent to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-termed corporation submits this statement for the purpose of changing its registered capent. I am familiar with, and accept the obligations of, Section 617,0502, Florida Statutes, the above-termed corporation submits this statement for the purpose of changing its registered capent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-termed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-termed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-termed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-termed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-termed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the acceptance of changing its registered dependence of change agent	]	25	29	30		
RINCON, MARIA I 8900 S.W. 19TH STREET MIAMI FL 33165  82 Street Address (P.O. Box Number is Not Acceptable) 83  84 City FL 85 Zip Code 1. 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 lib 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 Dispositionent as registered agent, are mainliar with, and accept the Disposition of, Section 617.0503, Florida Statutes.  1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's submits this statement for the purpose of changing lib registered office or registered disposition of registered agent		9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
8900 S.W. 19TH STREET MIAMI FL 33165  83  84 City FL 55 Zib Code City in the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing bar registered agent, or both, in the State of Florida. Statutes the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0003, Florida Statutes.  Signature, typical permiad name of impatement agent and the if suprised.  Signature, typical permiad name of impatement agent and the if suprised.  Signature, typical permiad name of impatement agent and the if suprised.  Signature, typical permiad name of impatement agent and the if suprised.  The properties of the provision of the suprised agent and the if suprised.  Signature, typical permiad name of impatement agent and the if suprised.  Signature, typical permiad name of impatement agent and the if suprised.  Signature, typical permiad name of impatement agent and the if suprised.  Signature, typical permiad name of impatement agent and the if suprised.  Signature, typical permiad name of impatement agent and the if suprised.  Signature, typical permiad name of impatement agent and the if suprised.  ACC		,			81 Name	
8900 S.W. 19TH STREET MIAMI FI. 33185  84 City  Fig. 85 Zib Code  1. 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 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 legislared agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  IGNATURE Signature, typed or privade name of registered agent and the 1 appointment as legislared.  2. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  NEW ALONSO, JUANA V. (SIS)  12. NAME  ALONSO, JUANA V. (SIS)  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. NAME  ALONSO, JUANA V. (SIS)  15. STREET ADDRESS  14. GTY-ST-ZIP  MAMI FI. 33165  15. STREET ADDRESS  16. STREET ADDRESS  17. ST-ZIP  MIAMI FI. 33165  16. Change  17. ST-ZIP  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS  15. STREET ADDRESS  15. STREET ADDRESS  15. STREET ADDRESS  16. STREET ADDRESS  17. ST-ZIP  18. STREET ADDRESS  18. STREET ADDRESS  18. STREET ADDRESS  18. STREET ADDRESS  19. STREET	RINCON, I	MARIA I			82 Street Addre	ess (P.O. Box Number is Not Acceptable)
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1. 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 the 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, are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  IGNATURE    Signature, typied or protein name of registered agent and title if apricables.   INOTE: Registered Apent signature required when reinstating)   DATE   III	MIAMI FL	33165				
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