

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90012 030 ****61.25

DOCUMENT # N39021

1. Entity Name

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



Principal Place of Business

600 S.W. 45 AVENUE
CORAL GABLES FL 33134
7920 S.W. 23rd Street
Miami, Florida 33155

Mailing Address

600 S.W. 45 AVENUE
CORAL GABLES FL 33134
7920 S.W. 23rd Street
Miami, FL 33155

2. Principal Place of Business

7920 S.W. 23rd Street
Suite, Apt. #, etc.

3. Mailing Address

7920 S.W. 23rd Street
Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33155

Country

Dade

City & State

Miami, Florida

Zip

33155-6520

Country

Dade

4. FEI Number

65-0270921

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

RINCON, MARIA I
600 S.W. 45 AVE.
CORAL GABLES FL 33134
7920 S.W. 23rd Street
Miami, Florida 33155-6520

7. Name and Address of New Registered Agent

Name

Same

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

7920 S.W. 23rd Street
7920 S.W. 23rd Street

City

Miami

FL

Zip Code

33155

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, 2004

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	PTD	TITLE	
NAME	ALONSO, JUANA V SIS	NAME	
STREET ADDRESS	600 S.W. 45 AVE.	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	DEL CARMEN BENAVIDES, MARIA	NAME	
STREET ADDRESS	CALLE 58 #16 A-10	STREET ADDRESS	
CITY-ST-ZIP	BOGOTA, COLOMBIA S.A	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	PINZON, ANA RITA SIS	NAME	
STREET ADDRESS	CALLE 58, #1650	STREET ADDRESS	
CITY-ST-ZIP	SANTA FE DE BOGOTA, COLOMBIA	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	RINCON, MARIA I	NAME	
STREET ADDRESS	600 S.W. 45 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	WILSON, OLGA V	NAME	
STREET ADDRESS	600 S.W. 45 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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: *Juana V. Alonso* 02/06/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #