

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N39021

1. Entity Name

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



Principal Place of Business

Mailing Address

**7920 S.W. 23RD STREET
MIAMI FL 33155**

**7920 S.W. 23RD STREET
MIAMI FL 33155**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0270921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RINCON, MARIA I
7920 S.W. 23RD STREET
MIAMI FL 33155**

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, 2007**

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
NAME
STREET ADDRESS
CITY-STATE-ZIP

**PTD
ALONSO, JUANA V SIS
7920 SW 23 ST
MIAMI FL 33155**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

**U000000606721
01/31/07-80008-012 61.25**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**VD
PINZON, ANA RITA SIS
CALLE 58, 16A-10
SANTA FE DE BOGOTA, COLOMBIA**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

**SD
RINCON, MARIA I
7920 SW 23 ST
MIAMI FL 33155**

☐ Delete

TITLE
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☐ Change ☐ Addition

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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:

Juana V. Alonso **Juana V. Alonso** 01/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #