FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

T (2011) \$4 DIS BENGE HOUR HIND HEND HEND HERTE DERN MERKE SING SING BENEG SENEL HOUR

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41223

(1)

OUR LADY OF SORROWS, INC.

Principal Place	e of Business	Mailing	Address							
14 NW 48 AVE MIAMI FL 33126	48 AVE L 33126-5223									
							3. Date Incorporated or Qualified 12/11/1990		nte of Last R 01/29/19	
2. Principal P	lace of Business	2a. Ma	ling Address		-		4. FEI Number		- I Ar	oplied For
21		26					65-0236040			ot Applicable
Suite, Apt.	#, etc.	Sui	e, Apt. #, etc.				F. C. 25-11-15 Co. 11-15		\$8.75	Additional
22		27					5. Certificate of Status Desired	LJ		equired
City & State City & State							6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip		Cou	ntry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for	intangible	tax under s	. 199.032,
24	25 29 30			30	Florida Statutes 🔲 Yes 🔀 No					
	9. Name and Address	s of Current Registered	l Agent			n	10. Name and Address of New Re	gistered /	Agent	
					81	Name				
BERGER, PHILLIP BRUCE					82	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
20486 W	DIXIE HWY							,		
MIAMI FI	L 33180				83					
					84	City			85 Zip i	Code
								FL	. `	
office of r	to the provisions of Section egistered agent, or both, m familiar with, and accep	in the State of Florida. S	uch change was	authorized	d by	/ the corporation	oration submits this statement for the pon's board of directors. I hereby acce	ourpose of pt the app	changing it ointment as	ts registered registered
SIGNATURE										
	Signature, typed or printed name o				d Age	ent signature require		DATE		
12.		ICERS AND DIRECTOR		13.		·	ADDITIONS/CHANGES TO OFFIC	CERS AND		
TITLE	DP		☐ DELETE	1.1 7))					☐ Change	Addition
NAME	HENNEBERY, MARC	; F.		1.2 N						
STREET ADDRESS	14 NW 48 AVE			1.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		Detere			IT-ZIP				T
TITLE	DVP		☐ DELETE	2.1 1)					☐ Change	Addition
NAME	HENNEBERY, TIMO	THY		2.2 NA	WÉ					
STREET ADDRESS	14 NW 48TH AVE			2.3 \$1	REET	ADDRESS	•			
CITY-ST-ZIP	MIAMI FL		T Deveze			ST-ZIP			T-1-2	
TITLE	DST		☐ DELETE	3.1 Ti					Change	Addition
NAME	SUMMERFIELD, L E			3.2 N/						
STREET ADDRESS	10296 SW 137TH C	· F				ADDRESS				
CITY - ST - ZIP	MIAMI FL		50,550	_		ST-ZIP				
TITLE			☐ DELETE	4.1 Ti					☐ Change	Addition
NAME				4. 2 N						
STREET ADDRESS				4.3 ST	REET	ADDRESS				
CITY-ST-ZIP	·			4.4 CI		T-ZIP				
TITLE			☐ DELETE	5.1 T	TLE				☐ Change	Addition
NAME				5.2 NA	31					
STREET ADDRESS				5.3 \$7	REET	ADDRESS				
CITY-ST-ZIP				5.4 CI	TY - S	T-ZIP				
TITLE			DELETE	6.1 TI	TLE				Change	Addition
NAME				6.2 NA	ME					
STREET ADDRESS				6.3 ST	REET	ADDRESS				
CITY_ST. 7IP				640	דע כ	T 71D				

14. I do 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 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

STATUTE AND TYPED OF PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

STATUTE AND TYPED OF PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Date

Date