

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41223

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: OUR LADY OF SORROWS, INC.

## Current Principal Place of Business:

14 NW 48 AVE  
MIAMI, FL 33126

## New Principal Place of Business:

14 NW 48 AVE  
MIAMI, FL 331265223 US

## Current Mailing Address:

14 NW 48 AVE  
MIAMI, FL 33126

## New Mailing Address:

14 NW 48 AVE  
MIAMI, FL 331265223 US

FEI Number: 65-0236040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENNEBERY, TIMOTHY E  
14 NW 48TH AVE  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

HENNEBERY, TIMOTHY E  
14 NW 48TH AVE  
MIAMI, FL 331265223 US

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.

SIGNATURE:

01/20/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete  
Name: HENNEBERY, MARC F.,  
Address: 14 NW 48 AVE  
City-St-Zip: MIAMI, FL

Title: DP ( ) Delete  
Name: HENNEBERY, TIMOTHY  
Address: 14 NW 48TH AVE  
City-St-Zip: MIAMI, FL

Title: DT ( ) Delete  
Name: SUMMERFIELD, L E,  
Address: 10296 SW 137TH CT  
City-St-Zip: MIAMI, FL

Title: DS ( ) Delete  
Name: GREENE, WILLIAM  
Address: 14 NW 48 AVE  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition  
Name: HENNEBERY, MARC F.,  
Address: 14 NW 48 AVE  
City-St-Zip: MIAMI, FL 331265223 US

Title: DP (X) Change ( ) Addition  
Name: HENNEBERY, TIMOTHY E  
Address: 14 NW 48TH AVE  
City-St-Zip: MIAMI, FL 331265223 US

Title: DT (X) Change ( ) Addition  
Name: SUMMERFIELD, L E,  
Address: 10296 SW 137TH CT  
City-St-Zip: MIAMI, FL 331866804 US

Title: DS (X) Change ( ) Addition  
Name: GREENE, WILLIAM  
Address: 14 NW 48 AVE  
City-St-Zip: MIAMI, FL 331265223 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L E SUMMERFIELD

DT

01/20/2009

Electronic Signature of Signing Officer or Director

Date