

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90037 050 \*\*\*\*61.25

**DOCUMENT # N43799**

1. Entity Name  
CASA DE ORACION OF MELBOURNE, INC.



Principal Place of Business  
1510 BOTTLEBRUSH DRIVE NE  
PALM BAY, FL 32905 US

Mailing Address  
1510 BOTTLEBRUSH DRIVE NE  
PALM BAY, FL 32905 US

**50002014**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-3071190

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELGADO, KENNETH W.  
154 ANGELO RD SE  
PALM BAY, FL 32909

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 - ST - ZIP  
STD  
DELGADO, BETZABE  
154 ANGELO RD SE  
PALM BAY, FL 32909 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPD  
SHAW, LEELAND  
214 W. PITTSBURGH PLACE  
BROKEN ARROW, OK 74012 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
Shaw, Leeland  
214 W Pittsburgh Pl  
Broken Arrow, OK 74012 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
DELGADO, KENNETH REV.  
154 ANGELO ROAD SE  
PALM BAY, FL 32909 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D/T  
BONILLA, JASON  
1520 BOTTLEBRUSH DR. NE, #9  
PALM BAY, FL 32905 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP, D  
Bonilla, Jason  
1520 Bottlebrush Dr NE #9  
Palm Bay FL 32905 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SHAW, THOMAS S REV  
5675 OLD ROME PARK  
LEBANON, TN 37087 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T, D  
Damico, Ruth  
3200 Prosperity Ln  
Malabar, FL 32950 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
Bonilla, Rosalina  
1825 Glenridge St NW  
Palm Bay, FL 32907 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ruth Alyce Damico, Ruth Damico - Treasurer - 3/18/08 321-952-5725  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #