

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002158

FILED
Apr 27, 2004
Secretary of State

Entity Name: FLORIDA XAVERIANA ASSOCIATION INC.

Current Principal Place of Business:

1213 MEDINA AVENUE
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 015573
MIAMI, FL 331015573

New Mailing Address:

FEI Number: 65-0422753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMERO, JAVIER E
1213 MEDINA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STROUSS, JOHANNA
Address: POBOX 015573
City-St-Zip: MIAMI, FL 33101

Title: SD () Delete
Name: ROMERO, JAVIER
Address: 1213 MEDINA AVENUE
City-St-Zip: CORAL GABLES, FL

Title: VD () Delete
Name: WOODBRIDGE, YOLANDA
Address: POBOX 015573
City-St-Zip: MIAMI, FL 33101

Title: VD () Delete
Name: GARCIA, LILIANA
Address: POBOX 015573
City-St-Zip: MIAMI, FL 33101

Title: TD () Delete
Name: CIPAGAUTA, MA.ELVIRA
Address: POBOX 015573
City-St-Zip: MIAMI, FL 33101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHANNA STROUSS

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date