

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90091 001 ****70.00

DOCUMENT # **N93000002948**

1. Corporation Name

SAINT FRANCIS OF ASSISI CATHOLIC MISSION, INC.

Principal Place of Business

**9510 SW 39TH ST
MIAMI FL 33165**

Mailing Address

**9510 SW 39TH ST
MIAMI FL 33165**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/25/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0424498

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

DOLENCE, JOSEPH D

Joseph D. Dolence

1-14-99

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **LIMA, ORLANDO H**

STREET ADDRESS **9510 SW 39TH ST**

CITY-ST-ZIP **MIAMI FL 33165**

TITLE **TD** ☐ DELETE

NAME **DOLENCE, JOSEPH D**

STREET ADDRESS **15330 SW 306 ST.**

CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE **SD** ☒ DELETE

NAME **ACEVEDO, YOLANDA G**

STREET ADDRESS **6500 WEST 4TH AVE.**

CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **TD** ☒ DELETE

NAME **VIDAL, MARIA O**

STREET ADDRESS **1035 NW 128TH CT.**

CITY-ST-ZIP **MIAMI FL 33182**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SD
ACEVEDO, YOLANDA G
7019 S.W. 13 ST.
MIAMI FL 33144

TD
Surli, JULIO A.
4631 S.W. 11 St.
MIAMI FL 33134

14. I 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, with all other like empowered.

SIGNATURE: **LIMA, ORLANDO H** *Orlando H. Lima*

1-14-99

305-246-0860

CR2E037 (11/98)