

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90229 030 \*\*\*\*61.25

**DOCUMENT # N93000002948**



Entity Name

**SAINT FRANCIS OF ASSISI CATHOLIC MISSION,  
INC.**

Principal Place of Business

6825 SW 128 PL  
MIAMI FL 33183-2419

Mailing Address

6825 SW 128 PL  
MIAMI FL 33183-2419

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0424498

Applied For

Not Applicable

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

**DOLENCE, JOSEPH D**  
**6825 SW 128 PLACE**  
**MIAMI FL 33183**

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE PD ☐ Delete  
NAME LIMA, ORLANDO H  
STREET ADDRESS 6825 SW 128 PLACE  
CITY-ST-ZIP MIAMI FL 33183-2419

TITLE TD ☐ Delete  
NAME DOLENCE, JOSEPH D  
STREET ADDRESS 6825 SW 128 PLACE  
CITY-ST-ZIP MIAMI FL 33183-2419

TITLE SD ☒ Delete  
NAME ACEVEDO, YOLANDA G  
STREET ADDRESS 8521 SW 152ND AVE  
CITY-ST-ZIP MIAMI FL 33158

TITLE TD ☐ Delete  
NAME ABREU, JOSE R  
STREET ADDRESS 630 W 72 PL  
CITY-ST-ZIP HIALEAH FL 33014

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE SD ☒ Change ☐ Addition  
NAME ACEVEDO, YOLANDA G.  
STREET ADDRESS 340 SW 5th Ave # 305  
CITY-ST-ZIP Miami, FL 33130

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joseph D. Dolence*

3/4/06 305-752-0004