2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N93000002948

Entity Name: SAINT FRANCIS OF ASSISI CATHOLIC MISSION, INC.

Current Principal Place of Business:

6825 SW 128 PL
MIAMI, FL 331832419

New Principal Place of Business:

Current Mailing Address:

6825 SW 128 PL
MIAMI, FL 331832419

New Mailing Address:

FEI Number: 65-0424498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOLENCE, JOSEPH D
6825 SW 128 PLACE
MIAMI, FL 33183 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: LIMA, ORLANDO H
Address: 6825 SW 128 PLACE
City-St-Zip: MIAMI, FL 331832419

Title: TD ( ) Delete
Name: DOLENCE, JOSEPH D
Address: 6825 SW 128 PLACE
City-St-Zip: MIAMI, FL 331832419

Title: SD ( ) Delete
Name: ACEVEDO, YOLANDA G
Address: 340 SW 5TH AVE #305
City-St-Zip: MIAMI, FL 33130

Title: TD (X) Delete
Name: ABREU, JOSE R
Address: 630 W 72 PL
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DOLENCE, JOSEPH D
Address: 6825 SW 128 PLACE
City-St-Zip: MIAMI, FL 331832419

Title: TD (X) Change ( ) Addition
Name: VELERA, OSMEL
Address: 6825 SW 128 PLACE
City-St-Zip: MIAMI, FL 331832419

Title: SD (X) Change ( ) Addition
Name: LOPEZ, LUIS
Address: 7396 WEST 30 LANE
City-St-Zip: HIALEAH, FL 33018

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

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: JOSEPH D. DOLENCE PD 03/02/2009

Electronic Signature of Signing Officer or Director — Date