

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 09, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N93000004865**

1. Entity Name  
**MARRANO SEPHARDIC JEWISH CHURCH, INC.**



Principal Place of Business

**14474 SW 174 TERRA  
MIAMI, FL 33177 US**

Mailing Address

**14474 SW 174 TERRA  
MIAMI, FL 33177 US**



04042007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0436414**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CARLOS ALBERTO SILVA SANTISTEBAN  
14474 SW 174 TERRACE  
MIAMI, FL 33177**

**DO NOT WRITE  
IN THIS SPACE**

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)

04-04-07

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000696919  
04/18/07-80019-008 70.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SILVA-SANTISTEBAN, CARLOS ALBERTO  
STREET ADDRESS 14474 SW 174 TERRA SW  
CITY-ST-ZIP MIAMI, FL 33177

TITLE V  
NAME REIMUNDO, ALVAREZ J  
STREET ADDRESS 9540 SW 36 ST B  
CITY-ST-ZIP MIAMI, FL 33165

TITLE T  
NAME ALBERTO, SUARES  
STREET ADDRESS 2712 NW 29 AVE  
CITY-ST-ZIP MIAMI, FL 33186

TITLE D  
NAME TERGENS, ANDREA  
STREET ADDRESS 6135 SW 129 PL  
CITY-ST-ZIP MIAMI, FL 33183

TITLE S  
NAME CARDENAS, ZELNIRA  
STREET ADDRESS 14474 SW 174 TERR  
CITY-ST-ZIP MIAMI, FL 33177

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-07

Date

786-3576200

Daytime Phone \*