

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 4-17-96

B-

3868

C

DOCUMENT # N94000005934 (4)

1. Corporation Name

EL FARO APOSTOLICO DE SARASOTA, INC.



Principal Place of Business

3809 LOCUST AVE.  
SARASOTA FL 34234

Mailing Address

3809 LOCUST AVE.  
SARASOTA FL 34234

3. Date Incorporated or Qualified  
01/01/1995

3a. Date of Last Report  
1-1-95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0524072

Applied For

Not Applicable

22

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

23

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No N/A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELENDEZ, VICTOR M  
3434 TAMiami TRAIL  
#800  
SARASOTA FL 34234

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MELENDEZ, REV. VICTOR M  
STREET ADDRESS 3434 N. TAMiami TRAIL, #800  
CITY-ST-ZIP SARASOTA FL 34234

TITLE D ☐ DELETE  
NAME MELENDEZ, ZORAIDA  
STREET ADDRESS 3434 N. TAMiami TRAIL, #800  
CITY-ST-ZIP SARASOTA FL 34234

TITLE D ☐ DELETE  
NAME AYALA, MIGUEL  
STREET ADDRESS 825 N. TARPON  
CITY-ST-ZIP SARASOTA FL 34237

TITLE D ☐ DELETE  
NAME FLORES, GABRIEL  
STREET ADDRESS 4946 ELIZABETH AVE.  
CITY-ST-ZIP SARASOTA FL 34233

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

*Victor M. Melendez* Victor M. Melendez 4/12/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)