

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  
May 24, 1999 8:00 am  
Secretary of State

05-24-1999 90029 047 \*\*\*\*61.25

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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



2. Principal Place of Business

21 1850 FRUITVILLE RD.

Suite, Apt. #, etc.

22

City & State

23 SARASOTA, FL.

Zip

24 34236

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 14084

Suite, Apt. #, etc.

27

City & State

28 SARASOTA, FL. 34

Zip

29 34278

Country

30 U.S.A.

3. Date Incorporated or Qualified

01/01/1995

4. FEI Number

65-0524072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MEYER, GUSTAVO  
3341 GOCIO RD  
#800  
SARASOTA FL 34235

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D  
NAME MEYER, GUSTAVO  
STREET ADDRESS 3341 GOCIO RD  
CITY-ST-ZIP SARASOTA FL 34235

TITLE D ☐ DELETE

NAME MEYER, AIDA  
STREET ADDRESS 3341 GOCIO RD  
CITY-ST-ZIP SARASOTA FL 34235

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 D ☐ DELETE

NAME MEYER, ERIC  
STREET ADDRESS 3341 GOCIO RD  
CITY-ST-ZIP SARASOTA FL 34235

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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)