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Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000380 (4)**

1. Corporation Name

HOLY WISDOM INTER-FAITH COMMUNITY OF MIAMI, INCORPORATED

Principal Place of Business

Mailing Address

**4639 SW 75TH AVE.
MIAMI FL 33155**

**4639 SW 75TH AVE.
MIAMI FL 33155-4434**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1995	3a. Date of Last Report 06/17/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0556064	Applied For <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANCHEZ, OLGA L
4639 SW 75TH AVE.
MIAMI FL 33155**

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

OLGA SANCHEZ

(NOTE: Registered Agent signature required when reinstating)

DATE

8-10-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	CASTELLANOS, MARI	
STREET ADDRESS	1790 79TH ST CAUSEWAY #301	
CITY-ST-ZIP	MIAMI FL 33141	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADDERLY, LINDA	
STREET ADDRESS	8015 SW 107 AVE. BLDG 4 #311	
CITY-ST-ZIP	MIAMI FL 33173	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, JOELEO C	
STREET ADDRESS	PO BOX 010335 N/A	
CITY-ST-ZIP	MIAMI FL 33101	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PLANAS, MIMI	
STREET ADDRESS	5960 SW 79TH ST.	
CITY-ST-ZIP	MIAMI FL 33143	

TITLE	MD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, OLGA L	
STREET ADDRESS	18371 SW 144 CT.	
CITY-ST-ZIP	MIAMI FL 33177	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARCIA, ANNA R	
STREET ADDRESS	9149 SW 72ND AVE. #U-4	
CITY-ST-ZIP	MIAMI FL 33156	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 on an attachment with an address.

SIGNATURE:

OLGA SANCHEZ

8-10-97

CR2E037 (9/96)