

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005445 (0)

1. Corporation Name

CONCEPTION OF VIRGIN MARY ORTHODOX MISSION, INC.



100001856631
-06/10/96--01014--008
***70.00

Principal Place of Business

**410 WEST PARK DRIVE, #208
MIAMI FL 33172-3976**

Mailing Address

**410 WEST PARK DRIVE, #208
MIAMI FL 33172-3976**

3. Date Incorporated or Qualified
11/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0660835

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIZO, HERMOGENES R REV.
410 WEST PARK DRIVE, #208
MIAMI-FL 33172-3976**

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

N/A

83

N/A

84 City

N/A

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

Father Hermogenes R. Rizo

4/25/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **RIZO, HERMOGENES R REV.**
STREET ADDRESS **410 WEST PARK DRIVE, #208**
CITY-ST-ZIP **MIAMI FL 33172-3976**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **N/A**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **GONZALEZ, JORGE O**
STREET ADDRESS **9020 N.W. 8TH ST., APT. 212**
CITY-ST-ZIP **MIAMI FL 33172**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **N/A**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **RIZO, DAISY E**
STREET ADDRESS **410 WEST PARK DRIVE, #208**
CITY-ST-ZIP **MIAMI FL 33172-3976**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **N/A**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **RIZO, RODRIGO J**
STREET ADDRESS **3810 S.W. 88TH PL., #12**
CITY-ST-ZIP **MIAMI FL 33165**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **N/A**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **RIZO, BELKIS**
STREET ADDRESS **3810 S.W. 88TH PL., #12**
CITY-ST-ZIP **MIAMI FL 33165**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **N/A**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **N/A**
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 if changed, or on an attachment with an address.

SIGNATURE:

F. Hermogenes R. Rizo **Hermogenes R. Rizo (Rev.) 4/25/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)