

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90336 040 ****61.25

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1. Entity Name
ERMITANOS MISIONEROS DEL PADRE CELESTIAL, INC.



Principal Place of Business

9795 SW 62 ST
MIAMI, FL 33173

Mailing Address

9795 SW 62 ST
MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0669807

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, CLAUDIA C
11776 SW 14 TERRA
MIAMI, FL 33184

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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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOMEZ, CLAUDIA C
STREET ADDRESS	11776 SW 14 TERRA
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	D
NAME	VALENCIA, ELIZABETH E
STREET ADDRESS	9795 SW 62 ST
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	LOOTENS, FR. ANTONIO O.P.C.
STREET ADDRESS	2414 SW 112 PL
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	D
NAME	KOOPER, ANDREA ODIO
STREET ADDRESS	11776 SW 14 TERR
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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

Date

Daytime Phone #