


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000004355		
1. Entity Name ST. ANTHONY COUNSELING AND HEALTH CENTER, INCORPORATED		
Principal Place of Business 8370 WEST FLAGLER STREET, #140 MIAMI, FL 33144	Mailing Address 8370 WEST FLAGLER STREET, #140 MIAMI, FL 33144	



07112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1475341	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MENA, JOSE L 8370 WEST FLAGLER STREET, #140 MIAMI, FL 33144

**DO NOT WRITE
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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENA, JOSE L 8370 WEST FLAGLER STREET, #140 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENA, JUAN 8370 WEST FLAGLER STREET, #140 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVAREZ, LUIS 8370 WEST FLAGLER STREET, #140 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/16/08-80002-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Father J. L. Meno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/08 (845) 452-8250
Date Daytime Phone #