

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**DOCUMENT # N96000005497**

1. Entity Name  
**ST. JOSEPH 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  
Not Applicable

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

**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 \$81.25  
Due by September 12, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MENA, JOSE L  
STREET ADDRESS 8370 WEST FLAGLER STREET, #140  
CITY-ST-ZIP MIAMI, FL 33144

TITLE VD  
NAME MENA, JUAN  
STREET ADDRESS 8370 WEST FLAGLER STREET, #140  
CITY-ST-ZIP MIAMI, FL 33144

TITLE TD  
NAME ALVAREZ, LUIS  
STREET ADDRESS 8370 WEST FLAGLER STREET, #140  
CITY-ST-ZIP MIAMI, FL 33144

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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07/16/08-80002-003 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 Jose L. Menas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 11, 2008 (845) 452-8250*  
Date Daytime Phone #