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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700003704

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90093 025 ****61.25

1. Corporation Name PROTECTION OF THE MOTHER OF GOD, INC.												
Principal Place	e of Business		Mailing Address				7					
12425 SUNSET DRIVE MIAMI FL 33183			12425 SUNSET DRIVE MIAMI FL 33183									
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Principal Place of Business			2a. Mailing Address				3. Date Incorporated or Qualifed					
21			Suite Act # etc				06/27/1997 4. FEI Number			An	olied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				NOT APPLICABLE				Not Applicable	
City & State			City & State							\$8.75 A	\$8.75 Additional Fee Required	
23			Zip Country				& Floation Co.	annian Einensina			<u>`</u>	
Zip .	Country Zip			30	y		6. Election Campaign Financing Trust Fund Contribution			•	\$5.00 May Be Added to Fees	
24	9. Name and Addre		stered Agent	1301	Ι			Address of New R	tegistered			
					81 Nai	ne				_		
DI ONGKY	IOSEDH				82 Str	ot Adde	ace /P.O. Boy Num	ber is Not Accepta	hle)	_	_	
BLONSKY, JOSEPH 370 MINORCA AVENUE, SUITE 9					02 3	ot Addit	633 (1 .O. DOX 11dii					
CORAL GABLES FL 33134												
COINE	NOCEO I E GOTOT				84 City					85 Zip C	Code	ì
					- '				<u> </u>	-		
office or n	to the provisions of Sec egistered agent, or both m familiar with, and acc	i, in the State of Flor	ida. Such change was	authorize	1 by the c	ed corpo prporatio	oration.submits;thi on's board of direct	s statement for the ors. I hereby accep	purpose of the appo	intment as reg	registered ===: jistered	-
SIGNATURE							d b a a rojectation)		DATE	-		-
12.	Signature, typed or printed name	of registered agent and title OFFICERS AND DIR	· · · · · · · · · · · · · · · · · · ·	13.	Agent signa:	ire required	d when reinstating) ADDITIONS/	CHANGES TO OF		ND DIRECTO	RS IN 12	ç
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14. 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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK C. WENDT

10/19 305-598 - COU 9
Daytime Phone #