

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 17 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000264

1. Corporation Name

OUR SACRED HEART School Foundation, Inc

Principal Place of Business

Mailing Address

12179 S. APOPKA VINELAND Rd
ORLANDO, FLA. 32836-0124

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified

JAN/20/1998

4. FEI Number

59-353-8471

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

9. Name and Address of Current Registered Agent

GRACE CARBONELL
12179 S. APOPKA VINELAND Rd.
ORLANDO, FL. 32836-0124

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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

GRACE CARBONELL
(NOTE: Registered Agent signature required when reinstating)

03/15/99
DATE

12. OFFICERS AND DIRECTORS

TITLE D PRESIDENT ☐ DELETE
NAME GRACE CARBONELL
STREET ADDRESS 12179 S. APOPKA VINELAND Rd.
CITY-ST-ZIP ORLANDO, FL. 32836
TITLE D Vice-President ☐ DELETE
NAME MIGUEL ANGEL CARBONELL
STREET ADDRESS 12179 S. APOPKA VINELAND Rd
CITY-ST-ZIP ORLANDO, FL. 32836
TITLE D Secretary ☐ DELETE
NAME EMILIO SORIANO
STREET ADDRESS 12179 S. APOPKA VINELAND Rd.
CITY-ST-ZIP ORLANDO, FL. 32836
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition
300002820529-3
-03/26/99-01105-017
*****61.25 *****61.25
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

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:

H. Carbonell

GRACE CARBONELL

03/15/1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)