

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N98000000299

Entity Name: THE MOST SACRED HEART FOUNDATION, INC.

Current Principal Place of Business:

150 SE 2ND AVENUE
STE 200, RM 220
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

150 SE 2ND AVENUE
STE 200, RM 220
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0811946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGRORTY, RANDOLPH P
850 NE 71 ST. STREET
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEZADIEU, MYRIAM
Address: 8501 NE 3RD AVE
City-St-Zip: EL PORTAL, FL 33138

Title: VD () Delete
Name: MCGRORTY, RANDOLPH P ESQ
Address: 850 NE 71 STREET
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD () Delete
Name: MOISE, MARIE C
Address: 9126 SW 123RD CT. STREET
City-St-Zip: MIAMI, FL 33186

Title: S () Delete
Name: IGBOELUSI, PROVIDENTIA
Address: 8501 NE 3RD AVE
City-St-Zip: EL PORTAL, FL 33138

Title: D () Delete
Name: MADDEN, THOMAS A FR
Address: 118 N.E. 2ND STREET
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: DOMINIQUE, FRANCIS HON
Address: 8501 NE 3RD AVENUE
City-St-Zip: EL PORTAL, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRIAM MEZADIEU

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date