

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # N98000005914

1. Entity Name
IMMACULATE CONCEPTION FOUNDATION, INC.



Principal Place of Business
**12042 CAROLINA WOODS LANE
ORLANDO, FL 32824**

Mailing Address
**12042 CAROLINA WOODS LANE
ORLANDO, FL 32824**



02272007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3551363

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HENRIQUEZ, A A
375 S COURTENAY PKWY
SUITE 7-A
MERRITT ISLAND, FL 32952**

**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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000654287

03/13/07-60056-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HENRIQUEZ, A A
STREET ADDRESS	375 S COURTENAY PKWY
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	P
NAME	ESPINAL, FELIX
STREET ADDRESS	12042 CAROLINA WOODS LN.
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	D
NAME	HENRIQUEZ, MARGARITA
STREET ADDRESS	71 RIVER RIDGE DR
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	S
NAME	FERNANDEZ, MERCEDES
STREET ADDRESS	5215 TURKEY LAKE RD
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	T
NAME	VALDEZ, ELIAS
STREET ADDRESS	420 MOORE PARK LN #203
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	FERNANDEZ, ENRIQUE
STREET ADDRESS	5215 TURKEY LAKE RD
CITY-ST-ZIP	ORLANDO, FL 32819

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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 817, 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: ELIAS VALDEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07

Date

321-452-8161

Daytime Phone #