

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**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**



01092008 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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

U00000784282  
01/16/08-80046-028 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*A. ADALBERTO HENRIQUEZ*

1/11/08

321-453-8040