

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005914

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** IMMACULATE CONCEPTION FOUNDATION, INC.

**Current Principal Place of Business:**

12042 CAROLINA WOODS LANE  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

12042 CAROLINA WOODS LANE  
ORLANDO, FL 32824

**New Mailing Address:**

**FEI Number:** 59-3551363

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENRIQUEZ, A A  
375 S COURTENAY PKWY  
SUITE 7-A  
MERRITT ISLAND, FL 32952 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: D ( ) Delete  
Name: HENRIQUEZ, A A  
Address: 375 S COURTENAY PKWY  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: P ( ) Delete  
Name: ESPINAL, FELIX  
Address: 12042 CAROLINA WOODS LN.  
City-St-Zip: ORLANDO, FL 32824

Title: D ( ) Delete  
Name: HENRIQUEZ, MARGARITA  
Address: 71 RIVER RIDGE DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: S ( ) Delete  
Name: FERNANDEZ, MERCEDES  
Address: 5215 TURKEY LAKE RD  
City-St-Zip: ORLANDO, FL 32819

Title: T ( ) Delete  
Name: VALDEZ, ELIAS  
Address: 420 MOORE PARK LN #203  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete  
Name: FERNANDEZ, ENRIQUE  
Address: 5215 TURKEY LAKE RD  
City-St-Zip: ORLANDO, FL 32819

**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  
Name:  
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: ELIAS VALDEZ

T

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date