

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90050 027 ****65.25

DOCUMENT # N99000002572



1. Entity Name
**FUNDACION DIVINA MISERICORDIA ARCA DE LOS
SIERVOS DE LA SANTA VOLUNTAD, INC.**

Principal Place of Business
**5784 S.W. 30TH ST., SUITE A
MIAMI, FL 33155**

Mailing Address
**5784 S.W. 30TH ST., SUITE A
MIAMI, FL 33155**

54028974



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0960648

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLAGHER, GRISELDA N RN,SSV
6353 S.W. 29TH ST
MIAMI, FL 33155**

Name **DIAZ-LEON, MARCELA EDM,SSV**

Street Address (P.O. Box Number is Not Acceptable)
6353 SW 29th Street

City **Miami**

FL

Zip Code
33155

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

Marcela Diaz

4-5-04

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **CRUZ, LUIS MIGUEL SSV**
STREET ADDRESS **5784 S.W. 30TH ST., SUITE A**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **P** ☒ Delete
NAME **GALLAGHER, GRISELDA N SSV**
STREET ADDRESS **6353 S.W. 29TH ST**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **V** ☐ Delete
NAME **GUTIERREZ, DAVID A SSV**
STREET ADDRESS **5784 S.W. 30TH ST., SUITE A**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **T** ☐ Delete
NAME **FROMETA, CARMEN R EDM,SSV**
STREET ADDRESS **6353 S.W. 29TH ST**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **D** ☐ Delete
NAME **DIAZ-LEON, MARCELA EDM,SSV**
STREET ADDRESS **6353 S.W. 29TH ST**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **D** ☐ Delete
NAME **LOPEZ, MILEDIS**
STREET ADDRESS **2841 S.W. 64TH AVE**
CITY-ST-ZIP **MIAMI, FL 33155**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
NAME **DIAZ-LEON, MARCELA EDM,SSV**
STREET ADDRESS **6353 SW 29th Street**
CITY-ST-ZIP **Miami, FL 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Marcela Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-05-04 305-226-7284