

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002572

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0960648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ-LEON, MARCELA EDM
6353 S.W. 29TH ST
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

DIAZ-LEON, MARCELA EDM
6353 S.W. 29TH ST
MIAMI, FL 33155 US

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: MARCELA DIAZ

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CRUZ, LUIS MIGUEL SSV
Address: 5784 S.W. 30TH ST., SUITE A
City-St-Zip: MIAMI, FL 33155

Title: V () Delete
Name: GUTIERREZ, DAVID A SSV
Address: 5784 S.W. 30TH ST., SUITE A
City-St-Zip: MIAMI, FL 33155

Title: T () Delete
Name: FROMETA, CARMEN R EDM,SSV
Address: 6353 S.W. 29TH ST
City-St-Zip: MIAMI, FL 33155

Title: P () Delete
Name: DIAZ-LEON, MARCELA EDM,SSV
Address: 6353 S.W. 29TH ST
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: GALLAGHER, GRISELDA N
Address: 6353 SW 29 ST
City-St-Zip: MIAMI, FL 33155

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:

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: MARCELA DIAZ

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date