

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

**FILED**  
**Jan 21, 2008**  
**Secretary of State**

DOCUMENT# N99000003357

Entity Name: SAN FRANCISCO DE ASIS EPISCOPAL CHURCH, INC.

**Current Principal Place of Business:**

15650 MIAMI LAKEWAY NORTH  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

2441 N.W. 93 AVE.  
STE 101  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 65-0923657      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MESA, MANUEL A ESQ.  
2441 N.W. 93 AVE. SUITE 101  
MIAMI, FL 33172 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: PERUYERO, BRAULIO  
Address: 162 NORMANDIE DR  
City-St-Zip: TAVERNIER, FL 33070

Title: D ( ) Delete  
Name: MESA, MANUEL G  
Address: 15650 MIAMI LAKEWAY NORTH  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete  
Name: BETANCOURT, XIOMARA  
Address: 15650 MIAMI LAKEWAY NORTH  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete  
Name: DE MIRANDA, MARIO REV.  
Address: 15650 MIAMI LAKEWAY NORTH  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D (X) Delete  
Name: OLIVA, MIGUEL  
Address: 660 EAST 10TH PLACE  
City-St-Zip: HIALEAH, FL 33010

Title: D (X) Delete  
Name: LEZCANO, JULIA  
Address: 6239 WEST 24 AVE  
City-St-Zip: HIALEAH, FL 33016

**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: MANUEL G MESA

D

01/21/2008

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

\_\_\_\_\_  
Date