

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N99000003707**

1. Entity Name  
**MISSION APOSTOLICA CUBANA, INC.**



Principal Place of Business  
**P.O. BOX 561512  
ORLANDO, FL 32856-1512**

Mailing Address  
**P.O. BOX 561512  
ORLANDO, FL 32856-1512**



04122007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3517427**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MIGUEL E GARCIA  
514 ELLSWORTH ST  
ALTAMONTE SPRINGS, FL 32701**

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DE JUAN, EDUARDO
STREET ADDRESS	4934 N. SEMINOLE AVE.
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	LERNER, NORMA
STREET ADDRESS	2756 DEER BERRY CT
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	P
NAME	MARINA, OTILIA M.D.
STREET ADDRESS	2131 WINTER PARK RD
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	T
NAME	GARCIA, MIGUEL E
STREET ADDRESS	514 ELLSWORTH ST
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	S
NAME	GARCIA-CREWS, ANTONIO
STREET ADDRESS	610 CRANES ROOST #201
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	VP
NAME	RODRIGUEZ, JOSEFINA
STREET ADDRESS	865 HICKORY KNOLL CT
CITY-ST-ZIP	APOPKA, FL 32712

U00000720987  
05/01/07-80126-022 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:

*Miguel E Garcia* **MIGUEL E. GARCIA** 4/17/07 407-733-9575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #