

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

FILED
Apr 30, 2008 08:00 AM
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**



04112008 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 <input type="checkbox"/>	\$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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000938016
05/27/08-80072-025 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/08

Date

407-886-4344

Daytime Phone #