

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29802

**FILED**  
**Jan 31, 2015**  
**Secretary of State**  
**CC3792867625**

**Entity Name:** OUR LADY OF SORROWS FOUNDATION, INC.

**Current Principal Place of Business:**

4801 NW FLAGLER STREET  
MIAMI, FL 33134-1453

**Current Mailing Address:**

14 NW 48TH AVE  
MIAMI, FL 33126-5223 US

**FEI Number:** 65-0087996

**Certificate of Status Desired:** No

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

SUMMERFIELD, L.E.  
14 NW 48TH AVE  
MIAMI, FL 33126-5223 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name GREENE, WILLIAM  
Address 14 NW 48TH AVE  
City-State-Zip: MIAMI FL 33126-5223

Title SD  
Name HENNEBERY, MARC  
Address 14 NW 48TH AVE  
City-State-Zip: MIAMI FL 33126-5223

Title VD  
Name AZIZE, JUAN  
Address 14 NW 48TH AVE.  
City-State-Zip: MIAMI FL 33126-5223

Title VD  
Name HARDING, MARIA ELENA B  
Address 15500 NEW BARN RD  
City-State-Zip: MIAMI LAKES FL 33018-1339

Title TD  
Name SUMMERFIELD, L.E.  
Address 14 NW 48TH AVE  
City-State-Zip: MIAMI FL 33126-5223

*I hereby 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 all other like empowered.*

**SIGNATURE:** L E SUMMERFIELD

**D T**

**01/31/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date