

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 04, 2006  
Secretary of State**

DOCUMENT# 750025

Entity Name: PRIESTS OF THE SACRED HEART, INC.

**Current Principal Place of Business:**

6701-82ND AVENUE NORTH  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

6701-82ND AVENUE NORTH  
PINELLAS PARK, FL 33781

**New Mailing Address:**

FEI Number: 59-1951186      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DI VITO, JOSEPH A  
4514 CENTRAL AVENUE  
ST. PETERSBURG, FL 33711      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: TD      ( ) Delete  
Name: NAGEL, DAVID DEACON  
Address: 6871 S HWY 100 - PO BOX 289  
City-St-Zip: HALES CORNERS, WI 53130

Title: SD      ( ) Delete  
Name: MURPHY, DANIEL P (BRO)  
Address: 6701 82ND AVENUE NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

Title: PD      ( ) Delete  
Name: MACDONALD, RICHARD (REV)  
Address: 6871 S HWY 100 - PO BOX 289  
City-St-Zip: HALES CORNERS, WI 53130

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL P. MURPHY

SD

01/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date