

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001376

DOCUMENT # N00000007773

1. Entity Name  
**ASSOCIATION OF PRIESTS, INC.**

FILED  
02 OCT -7 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1773 BLANDING BLVD. JACKSONVILLE FL 32210

2. Principal Place of Business 4201 BAYMEADOWS RD  
3. Mailing Address 4201 BAYMEADOWS RD  
Suite, Apt. #, etc. 4 Suite/Apt. #, etc. 4

City & State JACKSONVILLE FL JACKSONVILLE FL  
Zip 32217 Country USA Zip 32217 Country USA

04-02-02 90897 035 \$61.25  
59-3712648  
DO NOT WRITE IN THIS SPACE  
-APPLIED FOR-

4. FEI Number Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

IANNUZZI, JOSEPH  
1773 BLANDING BLVD.  
JACKSONVILLE FL 32210

Name LEWIS B. HUNTER JR.  
Street Address (P.O. Box Number is Not Acceptable) 4201 BAYMEADOWS RD STE 4  
City JACKSONVILLE FL Zip Code 32217

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 DATE 10-3-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min: will be \$236.25.  
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	<input type="checkbox"/> Delete
NAME IANNUZZI, JOSEPH	
STREET ADDRESS 1773 BLANDING BLVD.	
CITY-ST-ZIP JACKSONVILLE FL 32210	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME LEE, RONALD K	
STREET ADDRESS 824 N. LAKESHORE DR.	
CITY-ST-ZIP TALLAHASSEE FL 32312	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME GARDNER, CYNTHIA L	
STREET ADDRESS 8110 SABAL OAK LANE	
CITY-ST-ZIP JACKSONVILLE FL 32256	
TITLE SECRETARY DIR	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADDITION
NAME EVA GRAXIOLA	
STREET ADDRESS 5877 N. GRANITE REEF RD APT 238	
CITY-ST-ZIP SCOTTSDALE, AZ 85250	
TITLE TREASURER DIR	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADDITION
NAME ED BAUER	
STREET ADDRESS 16016 N.W. 78th AVE	
CITY-ST-ZIP GAINESVILLE, FL 32615	
TITLE DIRECTOR	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADDITION
NAME LINETTE MEALY	
STREET ADDRESS 4008 FLINTRIDGE DR.	
CITY-ST-ZIP IRVING, TX 75038	

TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JEANINE BAIN	
STREET ADDRESS 15710 WOODCROFT DR.	
CITY-ST-ZIP HOUSTON TX 77095	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DATE 10/3/02 904-731-9222

CR2E037 (4/02)