2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-04-2008 90017 023 ****61.25
N07000010838

FILED
08 MAY 30 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000010838

1. Entity Name
OEUVRES DE ST. FRANCOIS D'ASSISE INC.

Principal Place of Business	Mailing Address
865 SEVEN GABLES CIRCLE SE PALM BAY, FL 32909 US	865 SEVEN GABLES CIRCLE SE PALM BAY, FL 32909 US

03252008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # 937 SAN RAFAEL RD. SW
Suite, Apt. #, etc.
City & State PALM BAY, FL
Zip 32908 Country U.S.A.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BELOTTE, MARIE G
865 SEVEN GABLES CIRCLE SE
PALM BAY, FL 32909

7. Name and Address of New Registered Agent

Name NEMORIN, VAYAMENA
Street Address (P.O. Box Number is Not Acceptable) 937 SAN RAFAEL RD. SW
City PALM BAY FL Zip Code 32908

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] Vayamena Nemorin 3/26/08
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BELOTTE, MARIE G 865 SEVEN GABLES CIRCLE SE PALM BAY, FL 32909	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEMORIN, VAYAMENA 937 SAN RAFAEL RD. SW PALM BAY, FL 32908	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NEMORIN, VAYAMENA 937 SAN RAFEL RD SW PALM BAY, FL 32908	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOSEPH, MARIETTE J. 122 RIDGEMONT CIRCLE, S.E. PALM BAY, FL 32909	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST VALLON, ADLER 5330 BABCOCK ST NE PALM BAY, FL 32905	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

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] Vayamena Nemorin 3/26/08 (321) 508 5442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #