

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

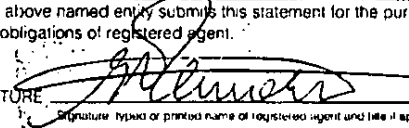
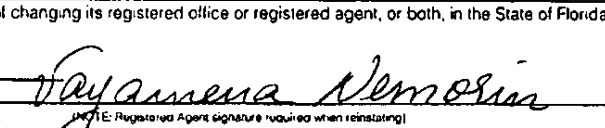
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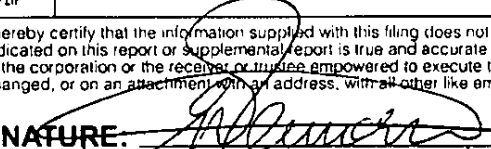
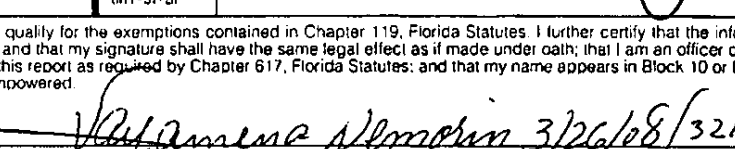
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03252008 Chg-NP CR2E037 (12/06)

DOCUMENT # N07000010838			
1. Entity Name OEUVRES DE ST. FRANCOIS D'ASSISE INC.			
Principal Place of Business 865 SEVEN GABLES CIRCLE SE PALM BAY, FL 32909 US		Mailing Address 865 SEVEN GABLES CIRCLE SE PALM BAY, FL 32909 US	
2. Principal Place of Business - No P.O. Box # 937 SAN RAFAEL RD. SW		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM BAY, FL		City & State	
Zip 32908	Country U.S.A.	Zip	Country
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 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:  DATE: 3/26/08	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: BELOTTE, MARIE G STREET ADDRESS: 865 SEVEN GABLES CIRCLE SE CITY-ST-ZIP: PALM BAY, FL 32909	☒ Delete	TITLE: P NAME: NEMORIN, VAYAMENA STREET ADDRESS: 937 SAN RAFAEL RD. SW CITY-ST-ZIP: PALM BAY, FL 32908	☒ Change ☐ Addition
TITLE: VP NAME: NEMORIN, VAYAMENA STREET ADDRESS: 937 SAN RAFAEL RD SW CITY-ST-ZIP: PALM BAY, FL 32908	☒ Delete	TITLE: VP NAME: JOSEPH, MARLETTE J. STREET ADDRESS: 122 RIDGEMONT CIRCLE, SE. CITY-ST-ZIP: PALM BAY, FL 32909	☒ Change ☐ Addition
TITLE: ST NAME: VALLON, ADLER STREET ADDRESS: 5330 BABCOCK ST NE CITY-ST-ZIP: 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
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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:   DATE: 3/26/08 (321) 508 5442