


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N47139
 1. Entity Name
LAY APOSTOLATE FOUNDATION, INC.



Principal Place of Business P.O. BOX 50 ASBURY, NJ 08802 US	Mailing Address P.O. BOX 50 ASBURY, NJ 08802 US
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07262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0326413	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAFFERT, PATRICIA M
 801 S. FEDERAL HIGHWAY
 APT 1106
 POMPANO BEACH, FL 33062

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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: Celestine S. Behling DATE: August 2, 2003

Signature of person or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	FASENELLO, RICHARD
STREET ADDRESS	360 BELVIDERE AVE
CITY-ST-ZIP	WASHINGTON TWP, NJ
TITLE	TVS
NAME	HAFFERT, PATRICIA M
STREET ADDRESS	801 S. FEDERAL HIGHWAY
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	OS
NAME	BEHLING, CELESTINE
STREET ADDRESS	134 SYCAMORE AVENUE
CITY-ST-ZIP	BRIDGEWATER, NJ 08807
TITLE	TPT
NAME	MARLBERG, CARL
STREET ADDRESS	8725 MONROE AVE
CITY-ST-ZIP	MUNSTER, IN 46321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 08/09/04-80006-017 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Celestine S. Behling Celestine S. Behling 8/2/04 908-526-1431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #