

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000004172

1. Entity Name
THE MARIAN SERVANTS OF THE BLESSED
SACRAMENT, INC.



Principal Place of Business
34 OCEAN AVE
ST. AUGUSTINE, FL 32084

Mailing Address
34 OCEAN AVE
ST. AUGUSTINE, FL 32084



04142004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3530817

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, PAMELA
34 OCEAN AVE
ST. AUGUSTINE, FL 32084

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IN THIS SPACE**

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, 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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EDWARDS, PAMELA
226 MAYAN TERRACE
ST. AUGUSTINE, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TRIGLIA, JOAN
7619 HOLLYRIDGE CIRCLE
JACKSONVILLE, FL 32223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VALLE, MANUEL
3030 GOSMAN ROAD
GREEN COVE SPRINGS, FL 32043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GORNIAK, GERARD
850 A1A BEACH BLVD #119
SAINT AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000116E49
04/16/04-80073-008 70.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERARD GORNIAK 4/15/04 904-471-6862

Date

Daytime Phone