2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000004172

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

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

DO NOT WRITE IN THIS SPACE

02242006 No Chg-NP CR2E037 (11/05)

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

Filing Fee is $61.25
Due by May 1, 2006

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

100000046690
03/21/06-80006-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EDWARDS, PAMELA
STREET ADDRESS	226 MAYAN TERRACE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	D
NAME	TRIGLIA, JOAN
STREET ADDRESS	7619 HOLLYRIDGE CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	D
NAME	HEMSOTH, DIANE
STREET ADDRESS	2643 TACITO TRL
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	D
NAME	GORNIAK, GERARD
STREET ADDRESS	850 A1A BEACH BLVD #119
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Pamela R. Edwards 2.28.06 904.471-867