


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 09, 2007 8:00 am**  
**Secretary of State**

07-05-2007 90061 037 \*\*\*\*13.75  
 08-09-2007 90054 029 \*\*\*\*47.50

**DOCUMENT # P14674**

1. Entity Name  
**SOCIETY OF FRANCISCAN FATHERS OF GREENE, MAINE, INCORPORATED**



Principal Place of Business  
**FRANCISCAN MONASTERY  
 P.O. BOX 980  
 KENNEBUNKPORT, ME 04046-0980**

Mailing Address  
**FRANCISCAN MONASTERY  
 P.O. BOX 980  
 KENNEBUNKPORT, ME 04046-0980**

2. Principal Place of Business - No P.O. Box #  
**28 Beach Avenue**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Kennebunk, Maine**

Zip  
**04043**

Country  
**US**



07252007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**22-2288242**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GRABNICKAS, ANTANAS  
 555 68TH AVENUE  
 ST. PETERSBURG BEACH, FL 33706**

7. Name and Address of New Registered Agent

Name  
**Bernardas Talaisis**

Street Address (P.O. Box Number is Not Acceptable)  
**555 68th Street**

City  
**St. Petersburg Beach**

City  
**FL**

Zip Code  
**33706**

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 *P. Talaisis* Aug. 4, 2007  
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 September 14, 2007**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARIUS, PLACIDUS P.O. BOX 980 BEACH ST KENEUNKPORT, ME	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAKALYS, RAPHAEL P.O. BOX 980 BEACH ST KENEUNKPORT, ME	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRABNICKAS, ANTANAS 555 68TH AVENUE SAINT PETERSBURG, FL 33706	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bacevicuis, John 28 Beach Street Kennebunk, ME 04043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Giedgudas, Francis 28 Beach Street Kennebunk, ME 04043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *P. Talaisis* 07/30/07 967-2011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #