

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

2/1 Apr 22, 2008 8:00 am
Secretary of State

02-18-2008 90004 006 ****61.25

DOCUMENT # P14674			
1. Entity Name SOCIETY OF FRANCISCAN FATHERS OF GREENE, MAINE, INCORPORATED			
Principal Place of Business 28 BEACH AVENUE KENNEBUNK ME 04043		Mailing Address FRANCISCAN MONASTERY P.O. BOX 980 KENNEBUNKPORT ME 04046-0980	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 TALAISIS, BERNARDAS 555 68TH AVENUE ST. PETERSBURG BEACH FL 33706		7. Name and Address of Now Registered Agent Name: <u>Placidus Barius</u> Address: <u>555 68th Ave</u> <u>St. Petersburg Beach</u> <u>FL</u> <u>33706</u>	
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: <u>Placidus Barius</u>		DATE: <u>06/02/08</u>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARIUS, PLACIDUS P.O. BOX 980 BEACH ST KENNEBUNKPORT ME ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BACEVICUIS, JOHN 28 BEACH AVENUE KENNEBUNK ME 04043 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIEDGAUDAS, FRANCIS 28 BEACH AVENUE KENNEBUNK ME 04043 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Placidus Barius</u>		Date: <u>06/02/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		207-967-2011 Daytime Phone #	