

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 818259

(4)

1. Corporation Name

MARIST BROTHERS OF THE SCHOOLS, INC.

95 REC - 5 0112:22

Principal Place of Business

Mailing Address

1241 KENNEDY BLVD.
BAYONNE NJ 07002-9298

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BAYONNE NJ 07002-9298

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/21/1964 3a. Date of Last Report 03/08/1994

4. FEI Number 11-6015340 Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUTH, BERNARD
3000 SOUTHWEST 87TH AVENUE
MIAMI FL 33165

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Bernard Ruth - BERNARD RUTH DATE 1/25/95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	KLEIN, JOHN
STREET ADDRESS	237 JERSEY STREET
CITY-ST-ZIP	HARRISON NJ
TITLE	V
NAME	PASI, RAYMOND
STREET ADDRESS	237 JERSEY STREET
CITY-ST-ZIP	HARRISON NJ
TITLE	ST
NAME	SAMMON, HENRY
STREET ADDRESS	1253 SHAKESPEARE AVENUE
CITY-ST-ZIP	BRONX NY
TITLE	D
NAME	SCHLITTE, STEPHEN
STREET ADDRESS	1241 KENNEDY BLVD
CITY-ST-ZIP	BAYONNE NJ
TITLE	D
NAME	HANDBODE, KEVIN
STREET ADDRESS	3000 SW 87TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	LOBALBO, BENEDICT
STREET ADDRESS	ONE RARITAN RD
CITY-ST-ZIP	ROSELLE NJ

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Klein, John	
1.3 STREET ADDRESS	28 Irvine Turner Boulevard	
1.4 CITY-ST-ZIP	Newark, NJ 07103	
2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	Pasi, Raymond	
2.3 STREET ADDRESS	3265 Virginia St. #16	
2.4 CITY-ST-ZIP	Miami, Florida 33133	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	Schlitte, Stephen	
4.3 STREET ADDRESS	28 Irvine Turner Boulevard	
4.4 CITY-ST-ZIP	Newark, NJ 07103	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	Handibode, Kevin	
5.3 STREET ADDRESS	2 Woodland Road	
5.4 CITY-ST-ZIP	Maplewood, NJ 07040	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Henry Sammon (Henry Sammon)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/95
Date

201-523-1115
Daytime Phone #