FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996
DOCUMENT #

818259

(4)

MARIST BROTHERS OF THE SCHOOLS, INC.									
Principal Place	of Business	Mailing Address				II I gara iloga dayar ibin	i Bigii Afgil Bigii Bigii	A ENERT OFFICE	
1241 KENNEDY BLVD. 1241 KENNEDY BLVD. BAYONNE NJ 07002-9298 BAYONNE NJ 07002-9298									
					3. Date incorporated 10/21/196		3a. Date of Last 02/06/1		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 11-601534	·n		Applied For	
		26	C.S. A.A.B. ala			<i>·</i> U		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of State	us Desired [T T T T T	5 Additional Required	
City & State		City & State			6. Election Campaig	n Financing		00 May Be	
23		28			Trust Fund Contri	~		ed to Fees	
Zip	Country	Zip	Countr	у	8. This corporation h	as liability for intar	ngible tax under s	. 199.032,	
24	25	29	30		Florida Statutes		Yes No		
·	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Addr	es of New Regis	stered Agent		
buttu o	COMADO		•	Name					
RUTH, BERNARD 3000 SOUTHWEST 87TH AVENUE			82	Street /	\ddress (P.O. Box Number is	Not Acceptable)			
MIAMI FL 33165			83						
MUSMI FI	1 33 163			1					
			84	City			FL 85 Z	ip Code	
or register	o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Sections	 Such change was authorize 	ed by the con	named co poration's l	rporation submits this statem board of directors. I hereby a	ent for the purposicept the appointr	e of changing its ment as registered	registered office d agent. I am	
SIGNATURE									
	Signature, typed or printed name of registered agent is		It Registereo Age	ent signature re	quired when reinstating)		DATE	 	
12.	OFFICERS AND		13.	г	ADDITIÓNS/CHAI	NGES TO OFFICER			
TITLE	P Klein, John	DELETE	1.1 TICLE				Charige	Addition	
NAME	28 IRVINE TURNER BLVD.		1.2 NAME						
STREET ADDRESS	NEWARK NJ			T ADDRESS				•	
CITY - ST - ZIP TITLE	V	MOELETE	1.4 CITY - 2 1 TITLE	ST-ZIP	**		Change	Addition	
NAME	PASI, RAYMOND		2 2 NAME		V		ondings	CE NECESON	
STREET ADDRESS	3265 VIRGINIA STREET, 16			T ADDRESS	Shea, Leo	~			
CITY - ST - ZIP	MAMI FL		2 4 CITY		153 Avenue				
TITLE	ST	DELETE	3 1 TITLE	<u> </u>	Bayonne, NJ	07002	☐ Criange	☐ Addition	
NAME	SAMMON, HENRY		3.2 NAME						
STREET ADDRESS	1253 SHAKESPEARE AVENUE		3 3 STREE	I ADDRESS					
CITY - ST - ZIP	BRONX NY		3.4. CITY	·ST · ZIP					
TITLE	D	DELETE	4.1 TITLE				Cnange	Addition	
NAME	SCHLITTE, STEPHEN		4 2 NAM						
STREET ADDRESS	28 IRVINE TURNER BLVD		4.3 STREE	T ADDRESS					
CITY - ST - ZIP	NEWARK NJ		4.4 CITY -						
TITLE	D	DELETE	5 1 TiTLE	ŀ	D	_ •	Change	Addition	
NAME	HANDIBODE, KEVIN		5 2 NAME		McDonnell,				
STREET ADDRESS	2 WOODLAND ROAD			1 ADDRESS	614 Summer A				
CITY-ST-ZIP	MAPLEWOOD NJ	DELETE	5.4 CITY-		Newark, NJ	07104	TER ST. L.	Total Control	
TITLE	D LOBALBO RENEDICT	TA OFFEIR	6 1 TillE	[D		Change	Addition	
NAME OXOGET ADODESS	Lobalbo, Benedict One Raritan RD		6.2 NAME	į,	Clark, Rober				
STREET ADDRESS	DOCELE MI		6 3 STREE	1 ADDRESS	614 Summer A	venue			

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 119.07(3)(k), 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 SHOWN OF BIGNING OFFICER OR DIRECTOR

11496 Date

Jal - 533 - 1114 - Daytime Phone #

R2E037 (12/95