

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000001114 (8)

1. Corporation Name

SECULAR ORDER OF MARY, INC.



Principal Place of Business: **13043 PARK BLVD. SEMINOLE FL 34646**
Mailing Address: **13043 PARK BLVD. SEMINOLE FL 34646**

3. Date Incorporated or Qualified: **03/03/1993**
3a. Date of Last Report: **03/20/1995**
4. FEI Number: **59-3174394**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent: **GARNIER, ED 13043 PARK BLVD. SEMINOLE FL 33706.**
10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/22/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LEE, ROLAND	1.1 TITLE	
NAME	7691 15 AVENUE NORTH	1.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D USTICK, MARLA	2.1 TITLE	
NAME	7995 SHADOW RUN DRIVE	2.2 NAME	
STREET ADDRESS	LARGO FL 34643	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD GARNIER, CHRIS	3.1 TITLE	
NAME	2804 FULTON ST. SW	3.2 NAME	
STREET ADDRESS	LARGO FL 34644	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD GARNIER, ED	4.1 TITLE	
NAME	2804 FULTON ST. SW	4.2 NAME	
STREET ADDRESS	LARGO FL 34644	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D USTICK, JOHN	5.1 TITLE	
NAME	7995 SHADOW RUN DRIVE	5.2 NAME	
STREET ADDRESS	LARGO FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D LEE, PATRICIA	6.1 TITLE	
NAME	6791 15TH AVE. N	6.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL 33710	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *[Signature]* **EDWARD P. GARNIER** DATE: **4/22/96** DAYTIME PHONE #: **813 398 4876**

CR2E037 (12/95)