## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DIVISION OF CO. DOCUMENT # N9300001114 (8)

SECULAR ORDER OF MARY, INC.

]	FILEI	)
Feb 03	1998	8:00am
Secre	tary o	f State

	AN ONDER OF MANT, INC.					
Principal Plac	e of Business	Mailing Address			F IN MUSTAG BIN SANAN IIGII MARTI O MISI MAILI MARTS ANIAL ENANI IIN ME SANIS MAT INI	<b>I</b> II
6791 15 AVE N ST PETERSBUR US		6791 15 AVE NO ST PETERSBURG FL 33710 US	)		3. Date Incorporated or Qualified  03/03/1993 4. FEI Number Applied Fo  59-3174394 Not Applie	
2. Principal P	Place of Business	2a. Mailing Address	· <u>-</u>	··	- ¢0.75 Addition	
21		26			5. Certificate of Status Desired Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & Stat	e	City & State		· · ·	7. is this nonprofit corporation a homeowners association?	
23	Country	28	Count		Yes X No	
Zip	25	Zip	Counts 30	У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No	
	9. Name and Address of Current				10. Name and Address of New Registered Agent	
			8.	Name		
1	TRICCIA A. AVE NO		83	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
	ERSBURG FL 33710		83	3		_
			84	1 City	85 Zip Code	
11. Pursuant	to the provisions of Southern 617 0500	and 617 1509 Florida Statut	or the above	us parrod corr	poration pulmite this statement for the purpose of changing its registe	rod
office or r	registered agent, or both, in the State	of Florida, Such change was a	authorized b	by the corporat	poration submits this statement for the purpose of changing its registe tion's board of directors. I hereby accept the appointment as registere	ed
1	im familiar with, and accept the colliga	tions of, Section 617.0503, Fit	ojida Statute	3S.		
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E. Registered Ag	gent signature requir	red when reinstating) DATE	
12.	ÖFFIOFOG AND					
		DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	fition
NAME	PD LEE, ROLAND		1.1 TITLE 1.2 NAME	<b>I</b>		fition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** 

PANNO TOPE OF POINTEN NAME OF SIGNING OFFICER OR DIRECTOR

13 Jan 98

813-343-4823