

FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90053 004 ****70.00

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N9300000114 ✓

1. Corporation Name
Secular Order of Jesus, Mary and Joseph, Inc

Principal Place of Business Mailing Address
5334 WALKER HORSE DRIVE
JACKSONVILLE, FL 32257

| | | |
|--|---|--|
| 2. Principal Place of Business 21 <u>5334 WALKER HORSE DR</u> Suite, Apt. #, etc. | 2a. Mailing Address 26 <u>5334 WALKER HORSE DRIVE</u> Suite, Apt. #, etc. | 3. Date Incorporated or Qualified <u>03/03/1993</u> |
| 22 City & State 23 <u>JACKSONVILLE, FL</u> | 27 City & State 28 <u>JACKSONVILLE, FL</u> | 4. FEI Number <u>59-3174394</u> Applied For Not Applicable |
| 24 Zip <u>32257</u> Country <u>DUVAL</u> | 29 Zip <u>32257</u> Country <u>DUVAL</u> | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 9. Name and Address of Current Registered Agent <u>Patricia A. Lee</u> <u>5334 WALKER HORSE DRIVE</u> <u>JACKSONVILLE, FL 32257</u> | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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|--|---|--|-----------------------|
| 9. Name and Address of Current Registered Agent <u>Patricia A. Lee</u> <u>5334 WALKER HORSE DRIVE</u> <u>JACKSONVILLE, FL 32257</u> | | 10. Name and Address of New Registered Agent | |
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City |
| | | | <u>FL</u> 85 Zip Code |

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 Patricia Lee DATE 7 April 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|---|---|
| TITLE <input checked="" type="checkbox"/> PRESIDENT, PRIOR GENERAL <input type="checkbox"/> DELETE | NAME <u>LEE, ROLAND K</u> | 1.1 TITLE <u>MEMBER</u> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS <u>5334 WALKER HORSE DRIVE</u> | CITY-ST-ZIP <u>JACKSONVILLE, FL 32257</u> | 1.2 NAME <u>USTICK, JOHN</u> | |
| TITLE <input checked="" type="checkbox"/> SECRETARY <input type="checkbox"/> DELETE | NAME <u>LEE, PATRICIA A</u> | 1.3 STREET ADDRESS <u>7995 SHADOW RUN DR</u> | |
| STREET ADDRESS <u>5334 WALKER HORSE DRIVE</u> | CITY-ST-ZIP <u>JACKSONVILLE, FL 32257</u> | 1.4 CITY-ST-ZIP <u>LARGO, FL 34643</u> | |
| TITLE <input checked="" type="checkbox"/> TREASURER <input type="checkbox"/> DELETE | NAME <u>JEROME MEYER</u> | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS <u>2322 RUSSELL RD</u> | CITY-ST-ZIP <u>SIDNEY, OHIO 45365</u> | 2.2 NAME | |
| TITLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DELETE | NAME <u>GARNICK, CHRIS</u> | 2.3 STREET ADDRESS | |
| STREET ADDRESS <u>2804 FULTON ST SW</u> | CITY-ST-ZIP <u>LARGO, FL 34844</u> | 2.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DELETE | NAME <u>GARNICK, ED</u> | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS <u>2804 FULTON ST SW</u> | CITY-ST-ZIP <u>LARGO, FL 34844</u> | 3.2 NAME | |
| TITLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DELETE | NAME <u>USTICK, MARLA</u> | 3.3 STREET ADDRESS | |
| STREET ADDRESS <u>7995 SHADOW RUN DR</u> | CITY-ST-ZIP <u>LARGO, FL 34643</u> | 3.4 CITY-ST-ZIP | |
| | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE: Patricia Lee DATE 7 April '99 DAYTIME PHONE # 9042920343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/96)