

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007773

Entity Name: ASSOCIATION OF PRIESTS, INC.**Current Principal Place of Business:**1501 MAYFAIR ROAD
JACKSONVILLE, FL 32207**Current Mailing Address:**1501 MAYFAIR ROAD
JACKSONVILLE, FL 32207**FEI Number:** 59-3712648**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DESCLEFS, BENOIT F
1501 MAYFAIR ROAD
JACKSONVILLE, FL 32207 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	IANNUZZI, JOSEPH
Address	20811 WASHINGTON AVENUE
City-State-Zip:	ONAWAY MI 49765
Title	SD
Name	GRAXIOLA, EVA
Address	5877 N GRANITE REED RD APT 228
City-State-Zip:	SCOTTSDALE AZ 85250
Title	D
Name	MEALY, LINETTE
Address	4008 FLINTRIDGE DR
City-State-Zip:	IRVING TX 75038

Title	D
Name	BAIN, JEANINE
Address	15710 WOODCROFT DR
City-State-Zip:	HOUSTON TX 77095
Title	TD
Name	BAUER, ED
Address	16016 NW 78TH AVE
City-State-Zip:	GAINESVILLE FL 32615
Title	TR
Name	SCHAAR, SALLY
Address	3670 MAPLE ST
City-State-Zip:	ONAWAY MI 49765

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SALLY SCHAAR**TREASURER****02/27/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date