### **2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000005416

Entity Name: PRIESTLY FRATERNITY OF ST. PETER, INC.

FILED Feb 11, 2021 Secretary of State 6322818794CC

## **Current Principal Place of Business:**

450 VENARD RD.

S. ABINGTON TWP. PA 18411

# **Current Mailing Address:**

450 VENARD RD.

S. ABINGTON TWP. PA 18411 US

FEI Number: 06-1271475 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 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 CHAIRMAN Title VC

NameSTINSON, MICHAELNameCURTIS, JOSHUAAddress450 VENARD RD.Address5461 44TH ST.

City-State-Zip: S. ABINGTON TWP. PA 18411 City-State-Zip: SACRAMENTO CA 95820

TitleDIRTitleSECRETARYNameSTINSON, MICHAELNameFRYAR, JAMESAddress450 VENARD RD.Address607 4TH ST.

City-State-Zip: SOUTH ABINGTON TWP. PA 18411 City-State-Zip: SAN FERNANDO CA 91340

TitleDIRECTORTitleTREASURERNameBISIG, JOSEFNameHARKINS, SIMONAddress7880 W. DENTON RD.Address450 VENARD RD.

City-State-Zip: DENTON NE 68339 City-State-Zip: S. ABINGTON TWP. PA 18411

TitleDIRECTORTitleDIRECTORNameHARKINS, SIMONNameFRYAR, JAMESAddress450 VENARD RD.Address607 4TH ST.

City-State-Zip: SOUTH ABINGTON TWP. PA 18411 City-State-Zip: SAN FERNANDO CA 91340

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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: SIMON HARKINS TREASURER 02/11/2021

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name CURTIS, JOSHUA Name MARSOLLE, KARL

Address 5461 44TH ST. Address 828 BUFORD RD.

City-State-Zip: SACRAMENTO CA 95820 City-State-Zip: N. CHESTERFIELD VA 23235