

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701109

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: MISERERE GUILD, INC.

**Current Principal Place of Business:**

11801 US HIGHWAY 19 NORTH  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

11801 US HIGHWAY 19 NORTH  
CLEARWATER, FL 33764

**New Mailing Address:**

FEI Number: 59-6045853      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIVITO, JOSEPH A  
4514 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33711      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P/T      ( ) Delete  
Name: MCQUEEN, WILLIAM  
Address: 2201 9TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: VP/T      ( ) Delete  
Name: BRETT, TERRANCE  
Address: 425 15TH AVENUE NE  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: VP      ( ) Delete  
Name: BALTHAZAR, NORMAN  
Address: 11801 US HIGHWAY 19 NORTH  
City-St-Zip: CLEARWATER, FL 33764

Title: S/T      ( ) Delete  
Name: MERKEL, JAMES  
Address: 5800 15TH AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: TR      ( ) Delete  
Name: WARD, PAUL  
Address: 6363 9TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: T      ( ) Delete  
Name: DEPTULA, ELIZABETH  
Address: 6363 9TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH A. DIVITO

RA

04/11/2007

Electronic Signature of Signing Officer or Director

Date