

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-22-2008 90013 008 ****61.25
729478

FILED
Mar 04, 2008 8:00 A.M.
Secretary of State

DOCUMENT # 729478 1. Entity Name MONSIGNOR BISHOP MANOR, INC.					
Principal Place of Business 824 BORDERS CIRCLE ORLANDO, FL 32808			Mailing Address 11300 4TH ST N STE 200 SAINT PETERSBURG, FL 33716		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1678391	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PLEUS, ROBERT J., JR., ESQUIRE AKERMAN SENTERFITT 255 S ORANGE AVE ORLANDO, FL 32802				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKES, FATHER GREGORY		NAME		
STREET ADDRESS	50 EAST ROBINSON STREET		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO, FL 32802		CITY- ST- ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLANCHETTE, MARILYN		NAME		
STREET ADDRESS	50 EAST ROBINSON STREET		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO, FL 32802		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILBRICH, GERALD F		NAME		
STREET ADDRESS	421 EAST ROBINSON STREET		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO, FL 32802		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'MALLEY, DEBORAH F		NAME		
STREET ADDRESS	801 HASTINGS STREET		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO, FL 32808		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D Worley, Sr. Elizabeth	
STREET ADDRESS			STREET ADDRESS	50 E. Robinson Street	
CITY- ST- ZIP			CITY- ST- ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Gerald F. Hilbrich		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 01-30/08		
			<small>Daytime Phone #</small> 407-246-4837		

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