

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90052 014 ****61.25

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1. Entity Name

MARY HELP OF CHRISTIANS SCHOOL FOUNDATION, INC.



Principal Place of Business

**6400 EAST CHELSEA
TAMPA FL 33610-2699**

Mailing Address

**6400 EAST CHELSEA
TAMPA FL 33610-2699**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1910867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LANE, J. ROBERT
601 S HARBOUR ISLAND BLVD STE 200
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: CD ☐ Delete
NAME: RILEY, SCOTT
STREET ADDRESS: 4720 W CYPRESS STREET
CITY- ST- ZIP: TAMPA FL 33607

TITLE: VCD ☐ Delete
NAME: ALESSI, PHILIP
STREET ADDRESS: 2909 W. CYPRESS ST.
CITY- ST- ZIP: TAMPA FL

TITLE: TD ☐ Delete
NAME: LANE, J. ROBERT
STREET ADDRESS: 509 S. HYDE PARK AVE.
CITY- ST- ZIP: TAMPA FL 33606

TITLE: S ☒ Delete
NAME: RUSSO, MARY ANN
STREET ADDRESS: 6400 E. CHELSEA STREET
CITY- ST- ZIP: TAMPA FL

TITLE: D ☐ Delete
NAME: SCANLAN, ROBERT
STREET ADDRESS: 101 E. KENNEDY BLVD., SUITE 2460
CITY- ST- ZIP: TAMPA FL

TITLE: M ☐ Delete
NAME: CONNOR, THOMAS P
STREET ADDRESS: 4507 VASCONIA STREET
CITY- ST- ZIP: TAMPA FL 33629

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☒ Addition
NAME: Gloria Santosuosso
STREET ADDRESS: 6400 E. Chelsea St
CITY- ST- ZIP: Tampa, Florida

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Thomas P. Connor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-07 (513) 240-5086

Date

Executive Phone #