2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2008 8:00 am Secretary of State

DOCUMENT # 760098 1. Entity Name SOCIETY OF ST. PIUS X, DAVIE, FLA., INC.						01-29-2008	90006 014 ****	51.25
Principal Place of Business 4590 S.W. 65TH AVENUE DAVIE, FL 33314		Mailing Address 11485 N. FARLEY RD. PLATTE CITY, MO 64079			40011200			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01212008	Chg-NP	CR2E037 (12/06)
City & State		City & State			4. FEI Number 74-22450	92	 +	Applied For Not Applicable
Zip	Country	Zip	Zip Cor		5. Certificate of Status Desired \$8.75 Additional Fee Required		Additional	
	6. Name and Address of Curren	t Registered Agent			7. Name and Ac	dress of New I	Registered Agent	
AUCONE	GERALDINE MISS / all	ldo Director		Name				
AUCONE, GERALDINE MISS / aldo Director 419 SHADOW WOOD LANE CORAL SPRINGS, FL 33071				Street Addre	et Address (P.O. Box Number is Not Acceptable)			
				City			FL Zip C	
	named entity submits this statement filtins of registered agent.	for the purpose of changing its	registere	ed office or regi	istered agent, or both,	in the State of F	lorida. I am familiar wi	th, and accept
SIGNATURE .								
Sidily Tone.	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registere	d Agent signature req	quired when reinstating)		DATE	
Sidivione.	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2008	n and title if applicable. (NOI 9. Election Ca Trust Fund	mpaign F	inancing	\$5.00 May Be Added to Fees	1	Make check payable	
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12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 Jan 2008 816-753-0073

Daytime Phone #